#### STATE OF MARYLAND

	1-		DEPART			IENE				
_		REGISTRAR		CEKIII	FICALE OF DEATH O	REGIN	0.9 8	7	9	
6			ILVIO AMADE			20. DATE OF DEATH	MONTH DA		26 HOUR	
		REGISTARA  (EKITHCATE OF DEATH  RELINO 9  RELINO 9  RELINO 9  RELINO 9  ALESSI, M. D. 26 DATE OF DEATH  ROW AS SILVIO  ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 26 DATE OF DEATH  ROW AS ALESSI, M. D. 27 DATE OF DEATH  ROW AS ALESSI, M. D. 27 DATE OF DEATH  ROW AS ALESSI, M. D. 27 DATE OF DEATH  ROW AS ALESSI, M. D. 27 DATE OF DEATH  ROW AS ALESSI, M. D. 27 DATE OF DATE O		87	2 p	1				
	3. SE)	STATE REGISTRAR  DECEASED NAME  FRST SILVIO  AMADEO  ALESSI, M.D.  20. DATE  ALESSI, M.D.  20. DATE  ALESSI, M.D.  20. DATE  ALESSI, M.D.  20. DATE  AMADEO  ALESSI, M.D.  20. DATE  ALESSI, M.D.  ALESSI, M		6 AGE (IN YEARS LAST BIR		UNDER I YEAR		15		
		Male	Caucasian	_		80		NIHS DAYS	HOURS MI	٧.
9		RTHPLACE (STATE OR FOREIGN		8	TV	9 BALTIMORE CITY O		FDEATH		_
7		N. T.	U.S.			BALto	Co	5	,	ME
0	30. CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION			126. KIND C	OF BUSINESS C	R
-	1	TOWSON	Stella M	1	is	and the state of the second state of the	*		lical	
						IIIA STREET ADDRESS	/ 710 CODE			
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2	14. FA							-		
	11						Та	aglian		
-										
١	No	ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 220-44	1-337	Touise G. 7	Alessi - sa	me as t	±13e		
1		10 CAUSE OF DEATH STATE	alu ana asura nas lina fas (a). (b) au	nd i a i i	, Louiso o	.120001 000	- C CD		XIMATE INTERVAL	=
		PART I. DEATH WAS CAUSE	ED BY:	10 (0.,)				BEIWEEN	ONSET AND DEAT	-
	1	IMMEDIA	TE CAUSE (a)							-
			1 - 0	ENCE OF						
	- 3		(b) HJC	V						-
			DUE TO, OR AS A CONSEOU	ENCE OF						
			(c)							
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	10	
	5	10 0 1 1 0 1 0 1 0 1 1 1 0 1 1 1 0 1	THE CONTRIBUTION FOR WHITE	1 0050 1710	NAME OF DESCRIPTION OF THE PARTY OF THE PART	Vac AUTODOVA	Table DE MES A	WEDE EINIO	1105 11055	_
	S	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	ZUG AUTOPST				
	E				10. 10. 10.				NO 🗌	_
6		The state of the s	LIGHT A MA MONITH D	AY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I OR PART 2)		
	CAI			19					100	
	(ED)	21d INJURY OCCURRED		FARM FIC )		CITY OR TO	WN	COUNTY	STATE	
	2	AT WORK AT WORK								
		22a 1 certify that (1) (this hosp	ital) attended the deceased from.	0.8	8/1,19.86		9 19	87	that (i) (we) le	OS.
		saw the deceased alive or	19 4		nd that in (my) (our) opinion (	death accurred on the de	ote and hour a	ind from the	couses stated	
								22c. DATE	E SIGNED .	
-		Carla S.	· Cley ande	M	ATTENDING PHYSICIAN			4-	19-18	1
1		22d. PHYSICIAN'S NAME (TYPE (	OR PRINT)		22e ADDRESS		/		01	+
		1.01.5	MISUNDEP	M	N 220 - D.	1-10-1	1/2/1	1	Kd	

BP

HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be MPORTANT: If Item 21 is morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL 23b. DATE Entombment 4-22-87 23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley Maus. Cockeysville, Balto.,

Md.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

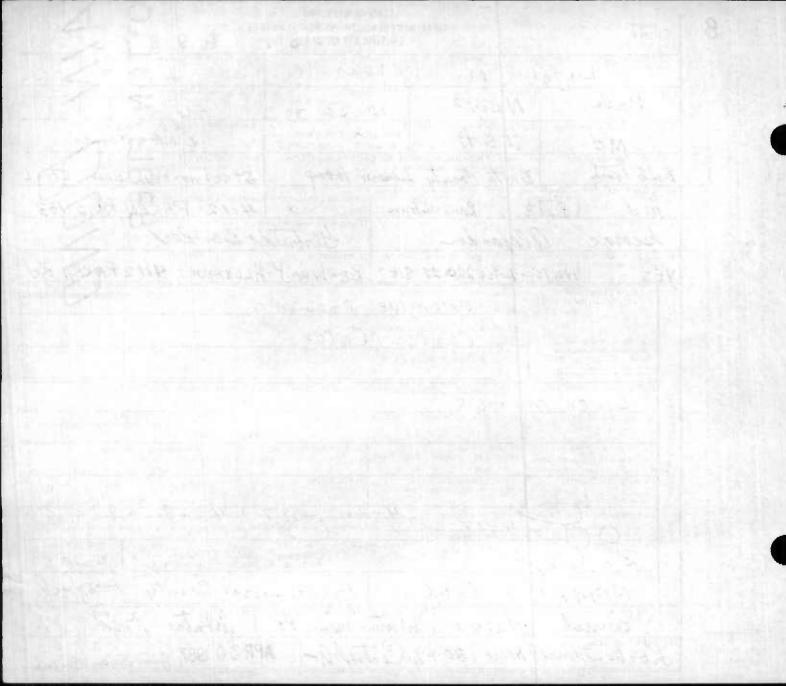
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DHMH - 16 60M 7/84 (VRA 15, 4)

#### STATE OF MARYLAND

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0 0 6 0 0	0	1 -	STATE		CERTIF	ICATE OF DEATH	0 0	8 7	3
			REGISTRAR		42	7	REG. NO		0
			CEASED NAME FIRST	WIDDLE	01	AST	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
oge 4 may be rector, page 3 urs after death		(TIPE	Luze	1 M.	171	exandly		4-28-8	37 1725 4
de 0 0	-				I DATE O	E DIOYII	6. AGE (IN YEARS LAST BIRT		771
E d		3. SE	M.D.	1 RACE	S. DATE C		O. AGE (IN TEAKS LAST BIKT	MONTHS	DAYS HOURS MIN.
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Page direct hours o	- A	7.0 RI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TDV2 R		9. BALTIMORE CITY OF		ATH C
4 94	THE C		OUNTRY)	1	MARRIE	DE NEVER MARRIED	DALIMORE CITTO	14 1	/.
eoth.	3		Md	U.S. 77	WIDOWE	DIVORCED	00	il by, co	my MD.
D 54	ъ.	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATIO	ON 125. K	KIND OF BUSINESS OR
一一一一	A STATE OF THE PROPERTY OF THE	D	11. 1	1 2 16-4- 181 7	STREET ADDRESS)	1 Hans	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDL	ISTRY -
1 / C 3 3	JE )	Da	KD 1-my	Dalla Count	1 Islner	Il lesond	STEE! WOT	· Ker de	un sleet
hours offer d in by the	0	130 S	AL RESIDENCE (IP NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE		134. INSIDE CITY LIMITS?	12 CTREET ADDRESS	710 0000	
24 h gilled ould b	Name of the second	13u. 5	na d	13. CITY OR	latown		13e STREET ADDRESS	DODAN F	d 21133
c ×		/	11 a Bax	I BANGA	JUNE DI 7C	YES NO		MKIN I	4 41177
etely st	) 8	14. FA	THER'S NAME	MODE / I LAST		15. MOTHER'S MAIDEN NAM	1 -		LAST
ufied within	0		seone (	Wasander		Mentrud	1 BOWE	25/	
	0	Ión V	VAS DECEASED EVER IN U.S. AR	MED FORCES? LIAN SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
executed one comp	medicol		(IF YES, GIV	VE WAR OR DATES)		1 - 1	N/ - 1/2	11110 I	2000 7 /
be e	Ē	Y	-S VECT	50-700ts4 220 2	7 8/87	BARDARA Y.	ALEXANDER	41121	HXKN NO
2 0	9	V	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b	and ici			RE	APPROXIMATE INTERVAL
3 10	100		PART I. DEATH WAS CAUSE	5 5 5 5		D- 0 mai	0.	- OE	TWEET ONSET MAD DEATH
1 00	1.4		IMMEDIA1	TE CAUSE (a)	nsive	Pnemoni	<u>a</u>		
0 60	o to			DUE TO, OR AS A CONS	FOUENCE OF	0 1			
to at a	5.5		Canditians, if any, which	Can	Cer	Colon			
0 00	0 4		gave rise to immediate	(b)				The state of the s	
4 41	1 2		cause (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF				
p for	0 . 0		underlying cause last.	(c)					
1 1	0	150	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN IN P.	ART 1(g)
1 1 1	9 3	20	1	mptasis					
9 1		E		1. (1001)			Tee	Ton JEVES WERE	FAIDALES
6 95	a 6(-)	IFICATI	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
21 24	11/	<b>₽</b>					YES NOT	YES 🗍	NO 🗍
四级 表表		CERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	ED LENTER NATURE OF INJUR	Y IN ITEM TS PART LORP	ART 2)
34 44	4		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
20 10	1/	5	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
14 44	5 6	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	1 72.5	21f LOCATION	CITY OR TOV	vn cou	INTY STATE
2 2 14	0 9	Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	SIREET	CITORIO		31812
2 5 5 6	£ 1				- 77	01	11 - 5	0 0	7
Z 7 6 5	9 4		22a.1 certify that (I (this horpi		CV -	00	_, 10_4-2	19_0	, that (I) (we) list
E 4 5 5	5.5		sow the discreted dive on	the bady after death.	19	nd that in (my) (aur) apinian d	leath occurred an the do	te and hour and fre	am the causes stated
4 4 2 2	1.5		226. SIGNATURE	ine body difer dedit.		DEGREE		220	DATE SIGNED
0 , 55	5 4		0 (1			ATTENDING	MEDICAL STAF		11 00 00
4 44	1		K . >1V	2			DIRECTOR PHYSIC	IAN	4-98,8)
HOSPITAL FUNERAL old be der	23 /		22d PHYSICIAN'S NAME TTYPE		_	22e ADDRESS	0	4	, 1
우 문학	1 8		RANFAT	TY-GIR	(516)	12x10+in	one ou	nty to	tosxital
01 04	1 3/		1-11/2/-17						0' N 7
THE COLO		23a. 8	SURIAL, CREMATION, REMOVAL	236. DATE	230 NAME OF	EMETERY OR CREMATORY	23d. LOCATION	Count	STATE
BP			Burlal	5/2/87	artuli	is mem. tx	frale	e , mi	
		24 €1	PHERAL DISECTOR	211	" D		PEC'D BY REGISTRAR	156 REGISTRAR'S S	IGNATURE
DHMH - 16 60	M 7/84	3	andles Tumons	HAND 15AU	Ess n	Tella A	PR 30 1987	1	



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1 - STATE			HEALTH AND MENTAL HYGI	IENE			
REGISTRAR Irer	ne Smith Alle	en CERTIF	FICATE OF DEAT	OREG S	b. 8 /	1 4	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	pithALLEN			April 20.	1987	1	10:05A M
3 SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Female	White		3°1886	90	YRS.	NIHS! DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
Virginia	U.S.A.	WIDOWI		Baltimore	Count	У	MD.
A CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
Rossville	Franklin S	Square Hos	spital		Homem		The second
130. STATE 136 COU		ENCE BEFORE ADMISSION) OR TOWN	1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	imore Co.	lgate	YES NO K	800 Old No	orth Po	int Rd	1./21224
14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	51_
William		Ison	Georgie			Hors	
16a. WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRE		Balt	to., Md.
No	214,	/38/4749	Charles R. A	llen 7473 S	chool 2		
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE						BETWEEN	MATE INTERVAL ONSET AND DEATH
	TE CAUSE (o) Resp	<u>iratory Ai</u>	rrest/ Cardiac	Arrest			
	DUE TO, OR AS A CO						
Canditians, if ony, which gove rise to immediate	( (b) Pneul	monia				-	
couse (o), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF					
	( lc)						
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	0
Dementia 190 Date OF OPERATION	10h CONDITION FO	P WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS HSED
Dementia 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The Condition To	K WINCH OF ERATIO	WAS FERI ORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
71g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	,	21c. HOW INJURY OCCURR	YES NOXX	YES RY IN ITEM 18 PART		NO 🗌
				12.112.11.11.11.12.11.11.11.11.11.11.11.		, , , , , , , , , , , , , , , , , , , ,	
IF EITHER, NOTIFY MEDICAL EXAMINE  216 INJURY OCCURRED	P.M. 21e PLACE OF INJUR	19	211. LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
22a. I certify that whis hosp	ital) attended the decease	ed fram April	14. 19.87	toApril I	. 19	87	that & (we) lost
saw the deceased olive or obove, M. (wo) (did)	April 17	19_87a	nd that in ( (our) opinion d	,	ote and hour a		
22b. SIGNATURE	or view the agay after dea	ırn.	DEGREE			22c. DATE	SIGNED
16/6	hurr	~	ATTENDING PHYSICIAN	MEDICAL STAI		1/20	1/87
PHYSICIAN'S MAME THE	Oil PRINTS		22e ADDRESS			7///	7.07
Gary Johnson	. MD		9000 Frankli	n Square Dr	rivo	21237	
23a BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	4/23/1987	Baltimo	re National	Baltimore		land	21228

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If Item 21 is

Walter Brooks Bradley, Inc. Balto., Md. 21222 (VRA 15, 4)

23d LOCATION
CITYORTOWN
Baltimore, Maryland 21228
CCD. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Adia Scrider Randale

Marketic and darger to their blue restail. To Vot 17, 11 Act And TROLLORGY )4963

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Inctor, page 3

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2		FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	UT	3	7 5	
Ì	I. DEC	CEASED NAME FIRST		MIDDLE	t	AST			DAY YEAR	26 HOUR
	(TYPE		EDWAI	RDS	i) n	derson	Anri	1 1	1987	4 - 45a M
	3. SE)		4. RACE		5. DATE C	OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
	/F	Female	Wh	ite			8.9	VPS	MONTHS DAYS	HOURS MIN.
7	7a BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8				Y OF DEATH	
			USA	A			Balti	more	. Coun	tv MD.
			TOWN OF DEATH III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 LISUAL OCCUPATION							
		Towson	Dulane	Y Towso	n Nu	rsing Cente	Salesper	son	Cosm	etics
	13a. S	Maryland Bal	VTY.	Baltimo	re			/ ZIP CODI imbart	on Rd.	21212
7	14. FA		Edwards	LAST					LAS	য
ì	16a. W	AS DECEASED EVER IN U.S. AR				17. INFORMANT		ESS		
	. (1	NO	E WAR OR DATES	218-32-1	107A	Edwin Merril	1 Anderson		Same	
		18. CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), one	I (c).)		1.		BETWEEN	MATE INTERVAL
				erebrou	ascu	lar Acciden	vt	THE STATE	Iw	ech
Deceased Name   1851										
		gove rise to immediate cause (a), stating the	(b)							
	NO.	PART 2. OTHER SIGNIFICANT (		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	VEN IN PART 110	
1	I FICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTI	FYING CAUSES	
7	CERI				W WEAR	21c. HOW INJURY OCCURE				
7	AL		NIB .							
	EDIC		21e. PLACE	OF INJURY			CITY OR TO	OWN	COUNTY	STATE
	×	WHILE NOT WHILE	(AT HOME, SI	REET, FACTORY, OFFICE FA	RM, EIC J	JACC .				
	1	so- the de about on	Marc	h31 19 8	200	nd that in (my) (our) opinion (		late and has		
			the body	ofter death.		DEGREE			22c. DATE	SIGNED
J		1	75			ATTENDING	MEDICAL STA	FF	2.00	-187
DUE TO, OR AS A CONSEQUENCE OF    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES				11.0						
Pamale										
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	<del></del>	23d LOCATION		r Out the	67.475
		Burial	April	4,1987	Dru	id Ridge	Pikesvil	lle, M	alto.	Md.
	24 FU	INERAL DIRECTOR		ADDRESS	6500	250 DAT				
	Mi	tchell-Wiedefel	d Home,	Inc. Bal	to.,	Md.21212 A	PR 7 188	U	Donger	·· Commission

DHMH - 16 50M 4/83 (VRA 15, 4)

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0 15	THE PROPERTY OF THE PROPERTY O	
(3103		

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

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#### STATE OF MARYLAND

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CE	RTI	FICAT	TE O	F DEA	TH	1

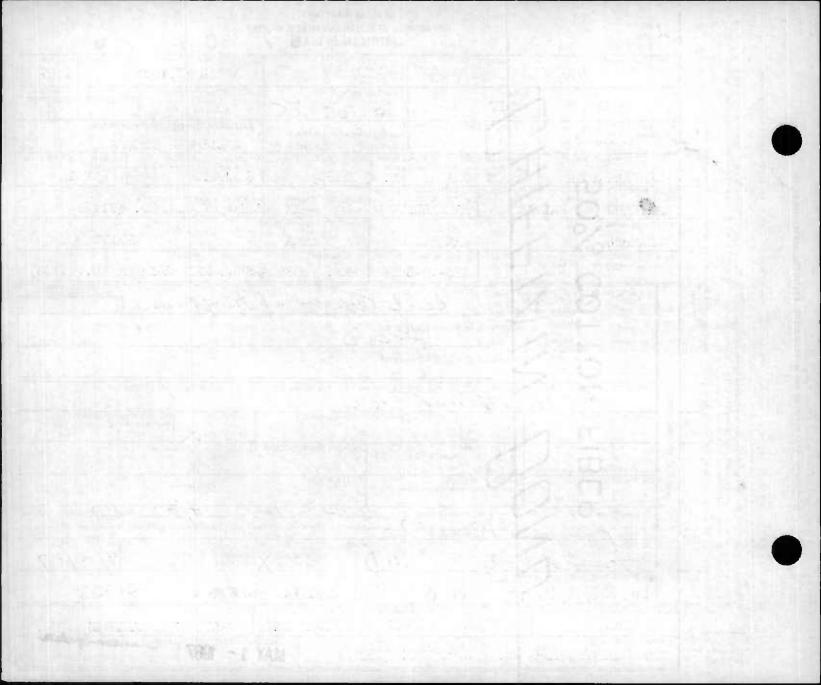
9 2 7

	REGISTRAR		CERTIFICATE	, bund	REG. N	0. 0 /	,
	CEASED NAME FIRST LOUIS	WIDDLE	ANSELL	N- N-	20. DATE OF DEATH		10 110 011
0.000		L Dice			APRIL 27		1:37 PM
3. SE)	MALE	4 RACE WHITE	5. DATE OF BIRTH	AY YEAR S	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
	COUNTMARY LAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NE	VER MARRIED   DIVORCED	9. BALTIMORE CITY OF	RE COUNTY	H
R	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3920 ROXANNE	RD. ( 211	institution 33)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O SALESMAN	F WORKING LIFE) INDUS	ND OF BUSINESS OR
13a. S MA	ARYLAND BAL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW RANDALLS	STOWN YES		3920 ROXAN	NE RD. (21	133)
	SAMUEL	ANSELL		HER'S MAIDEN NA ANNA	MIDDLE	NENET	Z
	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	remed Forces?  VE WAR OR DATES)  166 SOCIAL SECUL  216-10-			ANSELL 3920	ROXANNE R	D. (21133)  PROXIMATE INTERVAL MEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DBY: TE CAUSE (0)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE	tscuD	randed	1 mouffee	resig	
CERTIFICATION	PART 2 OTHER SIGNIFICAÇUT	CONDITIONS CONTRIBUTING TO I	Vera		AINAL DISEASE OR CON	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAI	INDINGS USED
CERTIF	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AV YEAR 21t HO	W INJURY OCCUR	YES NO	YES T	NO [
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	AIR I	19 21f LOC	TATION	CITY OR TO	wn COUNT	TY STATE
	low the deceased alive on	ital) attended the deceased from 3/7 195		9, 19	death occurred on the d		
1	22d PHYSICIAN'S NAME (TYPE	Ko3	MD DEGREE	ATTENDING PHYSICIAN DRESS	MEDICAL STA	FF _ 4/	28/F7
	Leonard K	otz, mb	11	Slade	Avenue	9190	280
-	BURIAL, CREMATION, REMOVAL BURIAL	4/28/87 MO	SES MONTE	FIORE CEM	23d. LOCATION CITY OF TOWN BALTIMO	RE, BALTIM	ORE, MD.
		L LEVINSON & BROS			TE REC'D. BY REGISTRAR	25b. REGISTRAPACIO	A) months

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the busiol-transit permit. Then please remove carbon papers with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	-			

R	EGISTRAR				CERTIFI	CATE OF	EATH		REG. N	0.		
I DECEA	ASED NAME	FIRST		MIDDLE	£A!	51		20 DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR
		KARL	IRL	W.		AY				4-:	30-87	4:15
3. SEX			4. RACE		5. DATE OF	BIRTH	• YE AR	6. AGE (IN	YE ARS LAST BI	THDAY)	MONTHS DAYS	HOURS MIN.
M	MALE		WH]	ITE	12	2	14	7	2	YRS		
	HPLACE (STATE OF	PFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER	MARRIED -	9 BALTIM	ORE CITY	R COUNT	OFDEATH	
	RYLAND		U.S.A	<i>A</i> .	WIDOWED		VORCED	Ba	1+imo	re Col	intv	M
10_CITY	OR TOWN OF DE	ATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OTHER INS	TITUTION	12a LISTIAL	OCCUBAT	IONI		of business or Md.
Car	tonsvill	e		st Haven N				Mach	inest		Drydo	cks, Inc
13a STA		13h COUN		13c. CITY OR TOW	N. I	13d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS		21227	
14 FATH	ER'S NAME					15. MOTHER	SMAIDENNA					9 7 5
	Max		WIDDLE	, LAST		T.,	cille		WIDDLE		LA!	uhn
16a WAS	S DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	The same of the last of the la		ADDR	ESS		шш
	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-14-9	9836	Regin	a Simmo	ons 8	Palo (	Court	21227	
		TH /Enter or	ly one couse ne	r line for (a), (b), and		1		7410		00010	APPROX	ONSET AND DEATH
NO.	ART 2 OTHER SIC			ONTRIBUTING TO E		w in	5.3.5	200 AUT		20b. IF YE	S, WERE FINDI	NGS USED
H 21	O. ACCIDENT WAS U		216. TIME C	OF INJURY	V VEAR	21c. HOW IN	JURY OCCUR	RED (ENTER N	ATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	R CONTRIBUTING		(III	.M. MONTH DA	19							
Q 21	d. INJURY OCCU	RRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211. LOC ATK STREET	NO		CITY OR 10	)WN	COUNTY	STATE
22		l) (this hospi	41.	he deceased from		EGREE	ATTENDING PHYSICIAN	MEDICAL	ed on the d	FF	19 F Z, ond from the	
		020	PRINT)	30B C	40	27e ADDRES	s 20 Pa	k	Hei	lit	212	208
23a BUR (SPE	IAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF CE	METERY OR	CREMATORY	23d. LOC	ATION Y OR TOWN		COUNTY	STATE
	Buria	1	5/1/8	87 IA	orrain	e Park			dlawn		ltimore	Md.
	ERAL DIRECTOR			ADDRESS	_	1229	I M.A	E REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
Hul	bbard Fu	neral	Home,	Inc. 4107	Wilke	ns Ave		o di	1001	0	That see 200 g	Co Males

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	HO /	REG N	0		
1. DECEASED NAME	FIRST	,	AIDDLE	į,	AST				DAY YEAR	26 HOUR
	s. Ma	rv R.	Babingt	on			April.	8 1987		9:36 PM
The Date of Death   Boding   Canal   The Date of Death   Boding   Canal   Ca		IF UNDER 24 HRS								
Female		Caucas	ian				78		ONIAS DATS	HOURS MIN.
TO BIRTHPLACE   STATE O	R FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVED MADDIE	- D	BALTIMORE CITY		OF DEATH	
		U.S.A.					Baltimore	County		MD.
10 CITY OR TOWN OF D	EATH 1				OR OTHER INSTITUTION					OF BUSINESS OR
Randallstown					l Hospital		,	, working the	INDOSTRI	
USUAL RESIDENCE (IF NO		THER INSTITUTION.	GIVE RESIDENCE BEFORE	AOMISSION)		AITS2 II	3. STREET ADDRESS	/ 7IP CODE		
				_						21207
14. FATHER'S NAME		DOLE	IAST			ENNAM			1.45	
		OOLE	1431			cm	MIDDLE		180	,
160 WAS DECEASED EVE	R IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	17. INFORMANTO	rothy	V. Arthur DDR	55		21207
	THE TES, GIVE	WAR OR OATES	220-14-25	541					re	Maryland
18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	dic.y		1	-0 -7	4	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DE ATH			an	li	My mos	les.	of Arface	for	1.6	mels
		1 1 1 1 1 1 1	AS A CONSTOUR	NCFOF	101	-	, ,			
Canditions if a		( M	AS A CONSEQUE	Tevro	columnte	11	and Onen	2 .	5-4	10mz
		(b)_//	yesuan fil		3		- our		-	
		DUE TO, O	R AS A CONSEQUE	NCE OF						
onderlying (80	se 10st.	( (c)								
	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	EN IN PART 10	O
ō l										
J 19a. DATE OF OPER	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?			
E							YES NO			NO 🗆
21a. ACCIDENT WAS U				Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)L	RY IN ITEM TS PA	ART I OR PART 2)	
OR CONTRIBUTING										
21d INJURY OCCU							CITA OB TO	www.	COUNTY	STATE
ATTICL NOT	WHILE	(AT HOME, STE	EET, FACTORY, OFFICE, F	ARM, ETC.)	SIREEI		. /			31412
		l) attended th	e deceased from	891	20 - 19	67	to 4/	8	19 67	that (I) we) lost
saw the deced	ased alive on	4/2	19.8	71,01	nd that in (my) (our) a	opinion de	eath accurred on the d	ate and hour	ond from the	couses stated
The second secon	(did) (did not)	view the body	offer death.		DEGREE				22c DATE	SIGNED
	-	VI	Un.	1 10		DING	MEDICAL STA	FF _	11	0.07
224 DHYSICIANIS	MAAAE ITVOS ON	POLICE!	1			CIAN	DIRECTOR   PHYSIC	IAN []	14-	1-0/
Marto	A T F	-11:0	MD		6200)	A Ca	wet Road	Ron	hith	ILZUM OIL
11101 6	110.6	11111	111.0		1001001	00		. 1747	4100	WII IND CI
23a BURIAL, CREMATION	N, REMOVAL	23b. DATE					23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial	6.1740	04-11-	87	Druid	Ridge Cerrete		Pikesvill			Maryland
24 FUNERAL DIRECTOR	Lorino	Byers F	uneral Dire	ctors,	Inc.	25a. DATE	REC'D. BY REGISTRAR	1/ 1 -		
8728 Liberts						ALI	101301	julia di	under. K	adall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the livingly result permit. Then please remove corban approximately be State Dept. of Health and Mental Propient prior to buriol, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. injury, or ather troumotic eventt.

IMPORTANT: If them 21 is morked on the

FOR

1, 1,			Mary E. Bab	
4/14	78	The leading	redemie)	Pyrale
	yeur souther.		1.3.	
	elterril	Ballack Digit Con	o amidiat	
Cit.	Surfaceout the	ile, outp		
				valos motir
OREA Alleader	prints ,V y	SALD SALE		

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

by the funeral director, page 3 filed within 72 haurs after death

IMPORTANT: If them 21 is marked or them 18 straws any injury, or other traumotic event, the medica

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

after death. Page 4 may be

71 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH &

0 9 8 / 9 REG. NO.

	REGISTRAR				REG. NO.				
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
		ola A. BAKE			April 20, 1987	10:30A M			
	3. SEX Female	4. RACE White	S. DATE C	29, DA1918 YEAR	6. AGF (IN YEARS LAST BIRTHDAY)  68  YRS	MONTHS DATS HOURS MIN.			
	70. BIRTHPLACE (STATE OR FOREIGN Baltimore	76 CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED DIVORCED DI	Baltimore City or Count				
7	Rossville 21237	11. NAME OF HOSPITAL, N			120 USUAL OCCUPATION (TYPE PACE REPOST OF WORKING LI	12b. KIND OF BUSINESS OR			
1	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU	other institution, give residence		13d. INSIDE CITY LIMITS? YES NO	13e.STREEKADBRESRAZUPCOB	ide Dr. 21221			
100	father's Name Frederick	Merrick LAS	51	15 MOTHER'S MAIDEN NAM	YE MIDDLE	LAST			
	160 WAS DECEASED EVER IN U.S. AF		18 0755	John Baker,	Husband				
		nly one cause per line far (d), (e) BY: TE CAUSE (o)  DUE TO, OR ASA CONS	SEQUENC) OF	iratory au	rect	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIN WYCS			
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PARI 2. OTHER SIGNIFICANT.	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
)	HYPOTHENS  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	nal Vaj	ecular Dicea	206 AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO			
	00 000000000000000000000000000000000000	ATH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
	GRECONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM EYC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	saw the deceased alive are above, (1) (22) SIGNATURE	not ottended the deceased to the control of the con	19.86, ar	nd that in (my) (pur) opinian d	leath occurred on the date and had	19, that (1) Let last ur and fram the causes stated  22c DATE SIGNED /			
	22d. PHYSICIAN'S NAME (TYPE		ÌD	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	4/20/87			
				Sal	for, hd alas	1/			
1	230 BURIAL, CREMATION, REMOVAL (SPEC Burial	4/23/87		m Cemetery	Baltimore Co				
1	Hruzdžinski Juner	al Boem of 14	07 Old E	astern Ave AP	R 2 1 1987	TRANSSIGNATURE			

			. P.S. 7 29,		0,7150		-0137	
			, .		AEJ	9404	i:dDE	
disception of the control of the con	mex on		Lastino	in so.	Dinner!	00205 all	ivseo	
Hyerside Dr. 21221	320 2	**		xesel	-tent#	att of twin	Penal	
	6	milen/			101656	- Introduction		3/8
	300000	, and and	A SEW	213 18			Q.I	
emply more								
				ne legi				
ore Co., Md.						iel		
		eva ngo	de inst	TOUR AS	-10	· Emilia i sec	e Benje	

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hours ofter deoth. Poge

unital director, page 3

ling physicion and conribon popers. Pages 1 o

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NIO			

	FOR STATE TREGISTRAR				ICATE OF DEATH	IENE 0 9 8	8 0
	CEASED NAME FIRST	harine	May	P	BARE	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 1 87 445 PM
3 SE	Female	4. RACE White		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 71	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA		WIDOWE		Baltimore City or cou	Co. MD.
	Towson	Meridi	an-Valley	Vie	or other institution W Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN OPERATOR	ISLIFE) INDUSTRY Telephone Co.
	,	UNTY timore	Baltimor		YES NO 🖟	13e.STREET ADDRESS / ZIP Co 9 Debonain	
	James William		LAST	TV A		vinia Harper	LAST
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)	214–18–31		Mary B. Au		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUEN  AS A CONSEQUEN  HYP  NTRIBUTING 10 BE	of non	Syncope tension NOT RELATED TO THE TERMI	inal disease or condition	GIVEN IN PART I (0
CERTIFICATION	19a. DATE OF OPERATION			PERATIO	N WAS PERFORMED	YES NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \( \text{NO}\)
MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DEATH HOUR A.M NER) P.M 21e PLACE O	I. MONTH DAY	19	21f. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)  STATE
	270. I certify that (I) (this has sow the deceased alive above, (I) (was (did tid)) 271. SIGNATURE 2721. PHYSICIAN'S NAME (III)	on 3/2 not view the body o	-	100	nd that in (my) (aux) opinion of DECREE  ATTENDING PHYSICIAN 122e ADDRESS	, to	hour and from the couses stated  22c. DATE SIGNED  4/3/87
	Vuoro	FUNG	UYE	V	6331 180	law Rd B	Balks Hd 2120,
	BURIAL, CREMATION, REMOV	23b. DATE 4/4/87			idge Memorial		county STATE
	uneral director itchell-Wiedef	eld Home,	Inc. Ba]	6500 to.,	York Rd. 250. DATE Md. 212121PR	_ 0	Distraris significants

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signer should be detached for use as the buriol-fransit permit. Then playint the State Dept. of Health and Mental Hygiene prior to bus IMPORTANT: If Hem 21 is morked of New 18 shows ony injury,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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director, page 3 hours ofter death

#### STATE OF MARYLAND

STATE OF MARTEARD	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	8

1.	FOR STATE			DEPART			MENTAL HYG	IENE						
8	REGISTRAR					ICATE OF	DEATH &	3 /	REG. NO	).				
	CEASED NAME	FIRST	Ec. 100	MIOOLE		LAST		20. DATE C	F DE ATH	MONTH	°CO	YEAR	2h HOU	JR
		Gold	ie Me	eissinger	Bar	ron			(	)4	03	87	11:	45рм
3. SE	X	4.	RACE		5. DATE O			6. AGE (IN	YEARS LAST BIRT	HDAY	MONTHS	ER I YEAR	#F UN OEI	R 24 HRS
F	emale		Whit	e	Ma	rch 1	1907	80		YRS		DATS	HOURS	min.
	RTHPLACE (STATE OR FOR	? 8.	D NEVER	MARRIED -	9 BALTIMO	ORE CITY O	COUN	TY OF DE	ATH					
	Maryland		US	Α	WIDOWE		NORCED	Balt	imore	Cour	nty			MD.
10 C	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING					OR OTHER INS	TITUTION		OCCUPATION FOR MOST OF			KIND O	F BUSIN	ESS OR
	Towson		Greater	Baltimo	re Me	dical (	Center		emake			Home	emak	er
	AL RESIDENCE (IF NURSING	HOME OR O		GIVE RESIDENCE BEFOR		1 13d. INSIDE (	TITY HANTS?	113e STREET	ADDRESS /	7IP CO	DE			
	Md.	Balto		Towsor		YES 🗌	NO X		Mary			e.,	2120	4
14 FA	ATHER'S NAME		DOLE	LAST		15. MOTHER	S MAIDEN NAM							
1		enry		issinger		M	artha		WIDDLE		Lir	nton	1	
	VAS DECEASED EVER IN	U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM			ADDRE	SS			204	
	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR OATES)	216-24-	9878	Mrs.	Elizabet	th V.	Macha	cek	, 20			ve.
	18 CAUSE OF DEATH	Enter anly	one couse per	line far (a), (b), a	nd (c).)						T	APPROXI BETWEEN	MATE INTE	RVAL D DEATH
18	DADTI DEATH WAS	CALISED	RV.	Respirato		ilure								
		MEDIAIL		R AS A CONSEOL										77 8
	Conditions, if ony, v	vhich		Chronic (		ctive I	una dis	22522						
	gave rise to imme					CUIVC	ung ur.	10.11.10.		JE 3				
	underlying couse	last	DUE 10, 0	r as a consequ	JENCE OF									
	PART 2 OTHER SIGNIF	ICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	) TO THE TERM	INAL DISEA	SE OR CONE	DITION	IVEN IN	PART 14	2	
N O									0					
CERTIFICATION	190. DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	20a AUT	OPSY?		YES, WER			
Ę								YES 🗀	поп	1	TIFYING	CAUSES	OF DEA	TH?
8	210. ACCIDENT WAS UNDER	LYING	21b. TIME O			21c. HOW II	NJURY OCCURR	RED (ENTERN				PART 2)		
	OR CONTRIBUTING CAL			M. MONTH D	DAY YEAR									
EDICAL	216 INJURY OCCURRE		21e. PLACE		19	21f. LOCATI								
¥	WHILE NOT WHILE		(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC )	STREE	T		CITY OR TO	VN	CC	YINUC		STATE
	22a. I certify that (I) (t		1) attended th	ne deceased from	Marc	h 6.	19.87	toA	pril 3		1087	7	that (I) (	we) lost
	sow the deceased	alive an_	April	3 19	87	nd that in (my	(aur) opinion o	deoth occurr	ed on the do	te and h	our and f			, ,
	above, (1) (we) (did 22b. SIGNATURE	(did nat)	view the body	affer death.		DEGREE				_	22	2c DATE	SIGNED	
	Lisa K	auffn	nan, M. D	).			ATTENDING PHYSICIAN	MEDICAL	STAF					
	274 PHYSICIAN S NAM	E itys ou	1998) A A			22e ADDRE								
	Z.	10	ruff	nan 1	10.	G.B.	MC							
73a. 1	BURIAL CREMATION, RE	MOVAL /	23h (#A1#	1236	NAME OF C	EMETERY OR		123d. LOC	ATION					
1	Burial	1	4/6/8	0.7			Cemete	T-C1 <sup>T</sup>	oenix		Ra	Ito.	M	d.
1		4	1000000		opiai	GIOVE	Cemete	· Y	-		Da		IVI	u.

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complesshould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion. IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the

Lowell Lemmon, 10 W. Padonia Rd.

APR - 6 1987

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#### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATED

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Q 9	1.50	4	dian

052434 1004	- S	OR TATE EGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATED	GIENE Q <sub>REG.</sub> 90. 8	8 2
my be	1. DECE	ASED NAMÉ FIRST PRINT) FR	le da	MIDDLE	S. DATE C		20 DATE OF DEATH MONTH	DAY YEAR 26 HOURS 39 87 STAM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MOUNS MIN
the turners Page 5 with 72 house	COU	emale  HPLACE (STATE OR FOREIGN  Batto  OR TOWN OF DEATH	11. NAME OF	WHAT COUNTRY?	WIDOWE	R OTHER INSTITUTION	9. BALTIMORE CITY OR COUNT  BOLTO  12a USUAL OCCUPATION  TYPE OF WORKING MOST OF WORKING	126 KIND OF BUSINESS OR
hin 24 herms should be sho	13a. STA	OWSCO ,	STATE OF THE STATE	N GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	ADMISSION)	DSQ( CL 13d. Inside city limits? YES M NO □ 15 MOTHER'S MAIDEN NA	HOUSEWIFE  13 e STREET ADDRESS / ZIP COL 4000 N. CHARLES	АРТ, 1503
iMORE, MARY n ond complete Pages 1 and 2		MORRIS S DECEASED EVER IN U.S. AR NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	SCHLOSS  166 SOCIAL SECU  215-07-		ESTI 17 INFORMANT A 4000 N.CHARL	LBERT I.BASS	UBINSKÝ <sup>ST</sup> APT. 1503 MD 21218
DS, 201 W. PRESTON ST., BAI quir that the death certificate sign to mind physic hen to man corbon pope trébural, cremotion, ar remaval jury, ar other troumatic event, h	P	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost.	D BY:  TE CAUSE (o)  DUE TO, (  (b)  DUE TO, (  (c)	Metas DR AS A CONSEOUI DR AS A CONSEOUI	stat ENCE OF	NOT RELATED TO THE TERM	(Cancer)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N: The law req hysicion. Icate has been it rain permit. It hygiene prior it 18 shows ony inj	CERTIFIC	a DATE OF OPERATION  I.a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.	21b. TIME	OF INJURY A.M. MONTH D.			IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO PART I OR PART 2)
DIVISION PHASPITENDING PHASPITENDING PHASPITENDING PHEATH THE OF THE OFFICE OF THE OFFICE OFFI	WEDIC	WHILE NJURY OCCURRED  WHILE NOT WHIL	21e PLACE (AT HOME S	E OF INJURY TREET, FACTORY, OFFICE, I	4 - 87 , or	211 LOCATION STREET  2.0 , 19 37 d that in (my) (aux) apinion	city or town  to 4 - 29  death accurred on the date and he	, 19, that (I) (ast our and from the couses stated
TO HOSPITAL OR retained by the ht. TO FUNERAL DIRE should be detache with the State Dep	2	Carla  Carla	s. Alex	cetano cander, M.	D.	attending Physician [ 22e ADDRESS Stell 2300 Dulaney	MEDICAL STAFF DIRECTOR PHYSICIAN  A Maris Hospice Valley Rd To	4-29-87
BP	(SPI	BURIAL  EDAL DIRECTOR SOL	APR.3	30,1987 E	ETH E	MEM. PARK	RANDALESTOWN	BALTO. MD

21215

BALTO . ADDREMD

MAY 1 -

1987

DHMH - 16 60M 7/84

(VRA 15, 4)

6010 REISTERSTOWN RD.

MAY 2 - FER MANAGEMENT TO TAM

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traument

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

0 9 3 8

1	157	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYGICATE OF DEATH	IENE	0 9 REG. NO.	3 8	J	
		CEASED NAME	FIRST WARI	REN	J.	Baye	BAUER	2a DATE O	F DEATH M	onth DAY	YEAR 87	1.5% A.
	3. SEX	MALE	4. R	ACE WY	i+E	5 DATE C	OF BIRTH	6. AGE (IN	YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5	0	RTHPLACE ISTATE OR FOR COUNTRY) AND	REIGN 7b. (		WHAT COUNTE	MARRIEI WIDOWE	NEVER MARRIED	BALTIMO	COUN'	COUNTYO	FDEATH	MD.
3	10. CI	TOWSON.	H 11.		HOSPITAL, NUR H FACILITY, GIVE STE 1000E F	REET ADDRESS)	or other institution	JTYPE OF WO	occupation of the pervisor	WORKING LIFE)	126 KIND OF INDUSTRY Balto.	G.& E.
5	13a. S	AL RESIDENCE (IF NURSING TATE 13	Baltir		GIVE RESIDENCE BEI 130. CITY OR TO Baltim	NWC	13d. INSIDE CITY LIMITS? YES NO 🔀	135	ADDRESS / :		2121	2
Z	14 FA	James	MIDD	ιE	Bau	er	IS MOTHER'S MAIDEN NA FIRST  Irene	WE	WIDDLE		Smith	
1	17		JIF YES, GIVE WA		166 SOCIAL SE		17 INFORMANT	) nuov	ADDRES:	as #1	30	
	Yes WW II 215-07-7519 Sylvia M. Bauer - S  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  William Chart								- Same	a5 #1		MATE INTERVAL INSET AND DEATH
	NOI		diate the last.	(b) DUE TO, OI (c)	R AS A CONSECUTIVE AS A	) OUENCE OF	NOT RELATED TO THE TERM	NINAL DISE AS	SE OR CONDI	TION GIVEN	IN PART 1(a	
2	CERTIFICAT	19a. DATE OF OPERATIO	N	19b. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUT			VERE FINDIN	
7		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A P.,	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK		21e PLACE (	DF INJURY EET, FACTORY, OFFI		21f. LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE
		22a. I certify that (I) (t saw the deceosed above, (t) (we) (dia	alive an	- 56 AM	4/8 1	Chand 1	nd that in (my) (aur) apinion	, to	ed an the dote			hat (I) (we) lost causes stated
		226. SIGNATURE	esslu					MEDICAL DIRECTOR	STAFF R PHYSICIA		22c. DATE 5	IGNED 187
1		274. PHYSICIAN'S NAM	AE LIYPE OR PRI	LER.			ST Juseph's	/	Toron	. M	0	
	(	BURIAL, CREMATION, RE SPECIFY) Burial		3b. DATE 4-10-8			EMETERY OR CREMATORY  Y Valley		ATION YORTOWN Keysvi	lle,	Balto.	Md.
4		UNERAL DIRECTOR	Funer	al Hom	e, Inc.	1050 Y	TOLK RG.	R 141	REGISTRAR 25	b. REGISTRA	R'S SIGNATI	JRE

APR 1498 LL

_	FOR
1 -	STATE
-	PEGISTRAP

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the funeral director, page 3 d withig 72 hours after death

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24 hours after

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 9	d	8	6-1
REG NO	4		

		REGISTRAR		CERTIFICA	IL OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR A
	(TYPE	ORPRINT) JOSEY	oh A	BE	ck	4	+ 27	87 4:45 A
	3. SEX	Mal	4 RACE	5. DATE OF BI		6 AGE (IN YEARS LAST BE	MONTHS	RIYEAR IF UNDER 24 HRS
		male	white	MONTH	G SO	66	YRS.	TAIS NOONS MIN.
and the same		OUNTRY)   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
)	[X]	aryland	M'24	WIDOWED	DIVORCED [	1 Dally	more [	OUNTY MD.
0	192CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		THER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR USTRY
	IX	termine	ST Joseph t	tospita	l	SSLF -S	WE K	SST. + TAV.
ALC: N	USUA 13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFO		INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	21234
7	1	ARYLAND BAL	TIMORE PARKY	700	S NO NO	30260	AKFORS	ST DR.
X	14. FA	THER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN I	NAME	0	LAST
1		MAZZOL	135C K		THILM	IA	H102	RSON
		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC	URITY NO. 17.	INFORMANT	ADDR	ESS	
	4	25 W.C	n-11 1912 02	1934	FAMIL	4 KECORO	)	
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	lly one couse per line for (a), (b), o D BY:	. 1/1	No. of	Y 1/1	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (0) Onge	STIVE	reare	artive		
			DUE TO, OR AS A CONSEQU		N. V	ka		
		Conditions, if ony, which gove rise to immediate	(b) 019	any	Hear	VISEURE		
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF				
		DARL 2 OTHER SIGNIES AND	( Ic)CONDITIONS CONTRIBUTING TO	DEATH BUT NO	BELATED TO THE TE	Buthlat Disease OB COA	IDITION CIVEN IN S	ART I
	NO O	J.)	rual Failu	re	KELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN F	ART 110
7	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION W	AS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED AUSES OF DEATH?
	TIE					YES NO	YES 🗌	NO 🗆
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCC	URRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR	PART 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	din .	19	Market Mills		11111	
	AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY  [AT HOME STREET, FACTORY, OFFICE		LOCATION STREET	CITY OR TO	OWN COL	UNIY STATE
	-	AT WORK NOT WHILE		1	11		1 34	2
	-37	3	tol) ottended the deceased from	MAHAMI	19 8		1 6/ 19-8	, that 🏀 (we) last
			t) view the body after death.			on death occurred on the c		1
		22b. SIGNATURE	1 GVIIII	DEG	REE ATTENDING	MEDICAL STA		CDATE SIGNED
1		210h C	1. Mentelle	M	PHYSICIAN			1/61/81
/		PHYSICIAN'S NAME (TYPE C	2 14/19	220	ADDRESS	1 A WAREL	TOUR	dy la
	23a P	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEASE	TERY OR CREMATOR	y 23d LOCATION	·Guil	
		SPECIFY)	1. 5	DODE OF CEME	C C CREMATOR	P CITY OR TOWN	LE COUNT	STATE ON STATE
	24 FL	INERAL DIRECTOR	14-30-1987 1	3800 B	250. D	ATE REC'D. BY REGISTRAF	25h REGISTRAR'S	O- 1 (41771A)
4	5.	NAME CHAPSI	OFMS MORISS	HARE.	an A	PR 3 0 1987	Julia Davido	m. Rudallo
	4	1112 インコンド	OF IZI TORIZS	THINK		11100	4	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention be detached for use as the burial-transit permit. Then please recovery with the State Dept of Health and Mental Hygiene prior to burial, creminal myPORTANT: If them 21 is marked or Item 28 shows any injury, or other traum.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

1972 an stone Bratt stock by the law or at he of the AND LOCAL STREET AND A SHOULD

by the funeral director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signatured by detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

executed within 24 hours after

FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 9 8 8 5 REG. NO.

	CEASED NAME	FIRST	•	MIDDLE	U	ST	20. DATE OF DE	ATH MONTH	DAY YEAR	2h HOUR
(17PE	OR PRINT)	CARL	1	HENRY	ВІ	ECKER	April	27, 1987		7:10 M
3. SE>	X		4. RACE		5 DATE O	F BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		Augus	st 27, 1898	88	YRS.	MONTHS DATS	HOURS MIN
		OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	Y OF DEATH	
	Ohio		U.S.	Α.	WIDOWE		Balti	more Cou	nty,	MD.
	Parkvill	e	281.	Summit .	Ave.	R OTHER INSTITUTION		CUPATION Most of working Li Manager		ed
13a S	AL RESIDENCE IN N STATE Maryland	13b_COU		GIVE RESIDENCE BEFORE 134. CITY OR TOW Parkvil		13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CODE Summit A	ve. 21	234
14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE	LAS	CT.
	John			Beck	er	Henrie			Runtz	
	VAS DECEASED EV		RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		1 1 N
	No	(# 103, 01	TE TYAN ON DATES	275-05-7	300	Mrs. Marion	Becker	Same as	#13	
	18 CAUSE OF DE PART I. DEATH	I WAS CAUSE	nly one couse per ED BY: .TE CAUSE 10)	line for (a), (b), and	d (c'.)	Cardin Ar Arteriosch	nect			CONOL .
TION				Den	rent		mer Ty	Do		
CERTIFICATION	190 DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20s AUTOPSY	IN SERTIF	S, WERE FINDIN FYING CAUSES ES	NGS USED S OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DE	HOUR A		AY PEAR	Hr. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY WITEM 18 1	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCI		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM LIST	I LOCATION STREET	CIT	TY OR TOWN	COUNTY	STATE
	sow the dece	osed alive ar		deceased from	6, an	d that in (my) (por) apinion	, 10	4 · 27		that (1) (we) last causes stated
	22b. SIGNATURE	K	Kule		1	ATTENDING PHYSICIAN Y	MEDICAL DIRECTOR :	STAFF PHYSICIAN [	22 DATE	SIGNED &
	22d PHYSICIAN'S Keith	Manley	, M.D.	Keith M	ourles	22e ADDRESS 1818 Pot Sp	ring Roa	d Timo	n <b>i</b> um,Md	. 21093
(	BURIAL, CREMATIO Cremation		236 DATE 4/2	1	stviev	METERY OR CREMATORY V Crematory	23d. LOCATIO CITY ORTO Baltin	more	, Maryl	
24 FL	JNERAL DIRECTOR		ral Home	I	050 Y	ork Road 250 DAT		STRAR 256. REGIST		TURE

		450
	Tites anne 2,187h	
	Y Y	0)   4
	. 7 - 15 - 27 - 27	
	1 man and the second	163.7 6 June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		The same same same same same same same sam
	otalificant Good, - Fig.	
A maral I		
management of the second	the start of the Author of	Lagher 25

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	9	3	8	-
40	. NO.			

	' '	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10	1		
8 A 3 APR 21		CEASED NAME	FIRST	,	MIDDLE		LAST	20. DATE OF DEATH		DAY YEA	AR 2b	HOUR
deoth deoth	0.1	OA FRIINT)	Mary		Ella		Bell		04 1	13 87	7 12	2:00pm
for. pog offer d	3. SE	X	4.	RACE		5. DATE		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 Y	FEAR IF	UNDER 24 HRS
ec ec	2	Female	White		1	e 27, 1908	78	YRS.	Morris D	113	MIN,	
Po di Po		RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEAT	Н	
deoth.		Maryland		U.S.A.		WIDOW	ED DIVORCED	Baltimor	e Cour	nty		MD.
the f	10. C	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION					JSINESS OR
by the		Towson		Greate			edical Center					me
4 hou	13a S	AL RESIDENCE (IF NURS STATE	136 COUNT				1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	E	- 13	
in 22		Maryland	Balt	imore	Timoni	um	YES NO		ykay	Rd.	21	093
ferth d 2 s	IA FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA.	WE			LAST	
omp of the comp		Marshall					Ella			L	angd	.on
Pogen		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS			
rs. Po		No			220-52	-5092	Frank S. B	ell - same	as #1			
hysica popel pool. nt, th		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one cause per BY.	line for (o), (b), o	and (c).)				BETW	EEN ONSE	TAND DEATH
bong plant		IMMEDIATE CAUSE (0) Cardio respiratory Arrest										
oth o												
e de de	Conditions, if ony, which gove rise to immediate (b) SEPTIC SNOCK											
1 (156)		couse (o), stotin underlying couse	g the									
4 300		DADY O CTUED CON	ueie									
duire files forb	NO	PART 2. OTHER SIGN	VIFICANT CC	NDII IONS <u>CC</u>	DULKIROLING IC	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	'EN IN PAR	Tho	
beer mit	CERTIFICATION	198 DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FI	VDINGS	USED
he lo	F							YES NOT				
ysici ysici Hygin	E E	210. ACCIDENT WAS UND		21b. TIME O		DAY VEAD	21c. HOW INJURY OCCUR		JRY IN ITEM 18 F	PART I OR PAR	(2)	
iol-tr	14	OR CONTRIBUTING C										
his of the or the	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	OWN	COUNT	Y	STATE
otte otte bond rked	E	AT WORK AT WOR	ILE .	(AT HOME STR	REET, FACTORY, OFFICE	, FARM, ETC.]	JINEE,					
VDIN VSe of leolitics	100			I) ottended the	e deceased from	March	21, 19.87	April	13,	1987_	, that	(1) (we) last
Spito CTO for of H		sow the decease above, (I) (we) (c		Apr11	ofter death.	8/	nd that in (my) (our) opinion	death occurred on the d	ote and hou	r and from	the cous	es stoted
OR A ched ched Dept.		226. SIGNATURE		1			DEGREE			22c D	ATE SIGN	NED
Y the		- Luy	uzl	Mu		-	PHYSICIAN [	DIRECTOR PHYSIC	IFF CIAN	_		
HOSPIT ined by FUNER wild be of		224 PHYSICIAN'S NA	ME LYPE OR P	Gre Gre	gory Pri	ice,M.	22e ADDRESS					
retoined I		URES	ine	wo	RICE			G.B.M.C.				
D = 12 3 3	23a E	BURIAL, CREMATION,	REMOVAL	23h DATE	230	NAME OF	EMETERY OR CREMATORY	23d LOCATION				
BP		Burial		4-15-8	87	Dular	ey Valley	CITY ON TOWN	ville.		to.	Md.
DHMH - 16 60M 7/84		JNERAL DIRECTOR			WHAT COUNTRY?    MARRIED   NEVER MARRIED   DIVORCED   Baltimore County of Death							
(VRA 15, 4)		Ruck Towson	n Fune	ral Hor	me, Inc.	Towson	,Md. 21204 AF	V 9 0 1301	juica of	) warders	·· Kano	all

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 7 1 1	0 0		REGISTRAR			CERTIF	ICATE OF DEAT	ND /	REG. N	0.	7	
	1116		ECE ASED NAME	FIRSTWarren	MIDDLE	viorgen	Benser		26. DATE OF DEATH	-	DAY YEAR	26 HOUR
be eoth		(11	PE OR PRINT)	Jakrer	1	15	NSER			4-3	15-87	650Pm
a bo		3. S	X	4 RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
ige 4 may be rector, page 3 urs ofter death		1	Male	White		Se	pt. 12 1	913	73	YRS.	DATS	HOURS MIN.
Po dir	3	7a.	COUNTRY)	OREIGN 76. CITIZE	N OF WHAT COL	INTRY? 8	D NEVER MARR	IED 🗆	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
depth north	8		Maryland		JSA	WIDOWI	DIVORC	ED 📗	Baltimor			MD.
11 1	3/	10.	CITY OR TOWN OF DEA		E OF HOSPITAL,		OR OTHER INSTITUTI	ION	12a USUAL OCCUPAT			F BUSINESS OR
5 5	12		Towson			is Hospic			Elec. Engi	r	BG &	E
hour hour	- 27	13a	JAL RESIDENCE (IF NURS	13b. COUNTY	TUTION, GIVE RESIDEN 13c. CITY C		113d. INSIDE CITY LI	MITS?	13e.STREET ADDRESS	ZIP CODE		
n 24			Maryland	Baltimor	e Tow	son		□X		ey Vie	w Road	1, 21204
within day	E	14	ATHER'S NAME	MIDDLE		AST	15 MOTHER'S MAI	IDEN NAM	MIDDLE		LAS	r
omple omple	× ×	1/	Edwin	Warren		Benser	Mary		Alice		M	lorgan
x eco	dico	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FOR	(TES)	AL SECURITY NO.	17 INFORMANT	_	ADDR	- 00		
be e	1/		No		212-	-05-4709	Sara K	. Bei	nser, 547 \	Valley		
cote	4		18 CAUSE OF DEATH W	H4Enter only one cau AS CAUSED BY:	se per line for (o)	(b), and (c).)	t. 0		,		BETWEEN C	MATE INTERVAL ONSET AND DEATH
da d	13		TAKTI: DEATH	IMMEDIATE CAUSE		laalo	asic C	ar	Cinomo	1		
d / 2 8 9	3			DUE	TO, OR AS A COI	NSEQUENCE OF	T+					
de de	1		Conditions, if ony		(b) 600	me 17	elastas	26)				
4 495	2		couse (a), statin	g the DUE	TO, OR AS A COI	NSEQUENCE OF						
s tho	or e				(c)	-						
signe o bur	Jury,	z	PART 2. OTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTII	NG TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART To	
een iit. T		CERTIFICATION	190 DATE OF OPERA	TION 119h (	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	)	20g AUTOPSY?	20h IF YES	, WERE FINDIN	IGS LISED
n. nos b	1	SE SE	THE OTHER OF CITEM			The state of the s	W W W W W W W W W W W W W W W W W W W			IN CERTIF	YING CAUSES	OF DEATH?
N. The	हैं -	ER	21g. ACCIDENT WAS UNI	DERLYING 716. T	IME OF INJURY		21c HOW INJURY	OCCURR	YES NO DED (ENTER NATURE OF INJU		ART L OR PART 21	ио 🗌
phy tifical Il-tro	E		OR CONTRIBUTING	CAUSE OF DEATH HOL		TH DAY YEAR			to the total of the			
JYSK Jing S cer burio	F =	MEDICAL	(IF EITHER NOTIFY MEDI		P.M. LACE OF INJURY	19	21f. LOCATION					
the the	morkedor	A.	WHILE NOT WE	/AT H/	OME, STREET, FACTORY		STREET		CITY OR TO	)WN	COUNTY	STATE
or or or of the olth	Hor		22a   certify that (1)	-	ded theadeceosed	from N 14	18 19	57	10 4 2	>	19 87	that (I) (we) lost
TEN TOR	2 1 is		sow the decease	ed olive on	4/25	19 87	nd that in (my) (our)	opinion d	eoth occurred on the d	ate and hour		, , ,
R All hosp	e e		22b. SIGNATURE	did) (did not) view the			DEGREE		Dec 100 A.1		22c. DATE :	SIGNED
the Die	=		Carl	a D. Cl	lexas	deck	O ATTEN	IDING ICIAN	MEDICAL STA	FF TIAN X	14/2	5/57
SPIT A BY	NA N	7	22d. PHYSICIAN'S N	AME (TYPE OR PRINT)			Ten innered		la Maris Ho		110	4
etoined TO FUN should b	MPORTANT		SKEKKE	XXX Carl	la S. Ale	exander,	DIG II		ney Valley	who .	Touren	. MD 21204
op op op	3	23a	BURIAL, CREMATION,		TE	23c. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	100		
BP			Burial	1// 4/2	28/87	Druid			Pikesvil	le E	Balto.	Md.
DHMH - 16 60A	M 7/04	24.	UNERALTIRECTURE	amor				25a. DATE				
(VRA 15, 4		V	J. E. Low	ell Lemmo	n, 10 W	. Padonia	a Rd.	AF	R2 8 1987	Julia ,	Dundun-	(adall)

403) 47-6, - X Dans de la company de la compa The Demonstra District of 19 Process Updathage

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATE

3. SEX MALE	FIRST	MIDDLE					
3. SEX MALE		MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
MALE	HAROLD	E. B	BENSON	APRIL 18	, 1987		P,
	4. RACE	5. DATE O		AGE (IN YEARS LAST BIRT			DER 24 HRS
			31, 1906	80	YRS.		S MIN.
BIRTHPLACE (STATE O	FOREIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DE	ATH	
MARYLANI		S.A. WIDOW	ED DIVORCED	BALTIMO	RE COUN	TY,	м
TOWSON	ST.	HOSPITAL, NURSING HOME OF COLOR FACILITY, GIVE STREET ADDRESS)  JOSEPH HOSPI		120 USUAL OCCUPATION OF WORK FOR MOST OF CREDIT MA	WORKING LIFET IND	KIND OF BUS DUSTRY RETAII	
USUAL RESIDENCE (# NU 130 STATE MARYLAND	RSING HOME OR OTHER INSTITUTION 135 COUNTY 21239	136. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	3e.STREET ADDRESS / 1350 WALI	ZIP CODE KER AVE	NUE 2	2123
DR. JOSHU	JA E.	BENSON	15. MOTHER'S MAIDEN NAM	É MIDDLE		HAYES	
160 WAS DECEASED EVE	R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE:	SS		
NO	(IF TES, GIVE WAR ON DATES)	212-03-2237	VIRGINIA K.	BENSON13	50 WALK	ER AVI	2.21
Conditions, if on gove rise to it couse (o), stol underlying cou	ing the bus to, complete the bus to the bus	OR AS A CONSEQUENCE OF		200 AUTOPSY?	20b. IF YES, WERIN CERTIFYING	E FINDINGS U	ATH?
00.00011001011000	110000	OF INJURY	21c. HOW INJURY OCCURRE				
OF EITHER NOTIFY ME	DICAL EXAMINER) F	P.M. 19					
(IF EITHER NOTIFY ME 21d. INJURY OCCU	RRED 21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOW	vn co	YINU	STATE
AT WORK AT W	I) (this hospital) attended t		nd that in (my) (our) apinion de	, to		, that (I	,
220. I certify that (	sed olive on (did) (did not) view the bod	y ofter death.	na mor in (my) (our) opinion de	oth occurred on the do	te and hour and f	Tom the couses	
27a. I certify that ( sow the decec above, (I) (we) 27b. SIGNATURE	arini (- Kni	y ofter death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	1- 20 - 2	
220. I certify that ( sow the dece obove, (1) (we) 22b. SIGNATURE	ALLA (1YPE OR PRINT)	y ofter death.	DEGREE ATTENDING .	MEDICAL STAF DIRECTOR PHYSIC	F		F7.
220. I certify that ( sow the dece obove, (1) (we) 22b. SIGNATURE	NAME (TYPE OR PRINT)  ON A. KOWAL  N, REMOVAL 236 DATE	EWSKI, M.D.	DEGREE  ATTENDING PHYSICIAN D  22e. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	21234	668-	F7.

DHMH - 16 60M 7/84 (VRA 15, 4)

#### STATE OF MARYLAND

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					STAIL OF W			
958 1	ng	STATE REGISTRAR		DEPARTA	NENT OF HEALTH CERTIFICAT	AND MENTAL HY	, , ,	3 1
1 . (N +0)		REGISTRAR		MIDDLE		. o. bing.	REG. NO.	AY YEAR IN HOUR
76		OR 60 to 11			7 DEDI			24 110 01
-		WALL		MARTIN			APRIL 16, 1987	9:10A
6	3. SEX	MALE	4 RACE	CTAN	5. DATE OF BIRT		N. A. C.	FUNDER TYEAR IF UNDER 24 HRS
8	0		CAUCA		SEPT.	12, 1926	60 YRS	
12/		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNTY	
6		NEW JERSEY		S.A.	WIDOWED	DIVORCED		/*/
		TIMORE		HOSPITAL, NURSIN			120. USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OF
20						1 (21209)	VIOLINIST	MUSIC
201	USU/ 13a. S	TAMARYLAND 136. COL		13t. CITY BALTY	ADMISSION)	ISIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	(21209)
2		MARILAND	4LI#	BALIC	YES		10 WYTCHWOOD CT	APT T-1
KE MID	14. FA	THER'S NAME	MIDDLE	LAST		OTHER'S MAIDEN N.	AME	LAST
\$20		ALBERT		BERUI		ANNA	Milous	RUTTENBERG
lico/	16a V	VAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECU	RITY NO. 17. IN	FORMANT	ADDRESS	
¥	(	YES WWI	I - NAVY	151-14-4	1594 CA	ROL BERUL	10 WYTCHWOOD CT.	,APT. T-1(2120
1		18 CAUSE OF DEATH (Enter or	nly one couse per	r line for (a), (b), one	dict y	m O		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	ED BY: TE CAUSE (0)	me ta	static	Melano	me	
1		IMMEDIA						
8		Conditions, if ony, which	(	R AS A CONSEQUE	NCE OF			
1		gave rise to immediate	(b)_					
1		cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF			
6		DADI 2 OTHER CICAREC AND	(c)	ON THE PROPERTY OF	S A TILL BUILT NIGHT	FLATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	
day	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ON KIBOTING TO L	DEATH BUT NOT F	ELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	IN IN PART TIO
à /	CERTIFICATION	19a DATE OF OPERATION	LISH COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	20g AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED
200	FIC						IN CERTIFY	ING CAUSES OF DEATH?
å	ERT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY	121(.)	OW IN HIPY OCCUI	YES NO YES	NO NO
1/2		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	TO TO WISOMIT OCCOM	TEMER MATORE OF INJUNE IN THE MEN TO PA	ALI ORFANI 2)
E E	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		.M.	19	OCATION		
edor	MEC			OF INJURY REET, FACTORY, OFFICE, FA		STREET	CITY OR TOWN	COUNTY STATE
marke		AT WORK NOT WHILE AT WORK			101	- 01	4 11	27
.€		22a I certify that (I) (this hasp		7 / 1 7	07/0/1	19 06	, to T	thot(1) (we) la
n 21		saw the deceased alive or above, (I) (we) Idid (did no	ot) view the body	a er death.			n death occurred an the date and hour	
If Hem	9	226 STONATURE	10 41		DEGRE		MEDICAL	22c. DATE SIGNED
		Dans 1	11 10	h	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/16/87
A /		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	, ,	22e	ADDRESS	/ /	A . A
IMPORTANT		Davis N	2 4	ahn		5601 h	och Kaven 1	3/Ud 2123
2	23o E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CEMETE	RY OR CREMATORY	23d. LOCATION	1 10.
	(	BURIAL	4/17/	97 F	III.ANEY 1	ALIEV MEM	GARDENS COCKEYSV	COUNTY BALTO. STATE
		INERAL DIRECTOR SOL	LEVINSO	N & BROS.	. TNC.	25a. D.A	ATE REC'D. BY REGISTRAR 256. DEGISTI	RAR'S SIGNATURE
OM 7/84	6	010 REISTERSTON	VN RD R	ALTO MD 2	1215		APR 2.1 1987 Julia	Deordon Randall

The second of the second of the second APROX SET OF PERSON

etely filled in by the

# within 24 hours after death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificate be Te ATTENDING PHYSICIAN: The low requires that the med by the haspital or attending physician.

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REG. NO				
	CEASED NAME FIRST	ARBEN MIDDLE	LLALLUBH	A) BHAKTA	20. DATE OF DEATH	- 22 - 87	26 HOUR 9.30		
3 SEX	FEMALE	1. RACE INDIA		OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEAR MONTHS DAYS			
	COUNTRY TO DIA	TND/	444001	ED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH			
13	ALTIMURE	604 87	PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL	F WORKING LIFE) INDUSTRY	OF BUSINESS		
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE OKTH CAROLINA	VTY 135 (	RESIDENCE BEFORE ADMISSION CITY OR TOWN REENS BOKO	13d. INSIDE CITY LIMITS? YES NO P	13e STREET ADDRESS / ECONO LODGE	ZIP CODE BOX 91	163,		
	KALIDAS	WIDDIE	HAKTA	15 MOTHER'S MAIDEN NA.	n) ROUND		AST		
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		SOCIAL SECURITY NO.	JAGDISH	PATEL A	ALTIMORE, MO			
	18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and ICM PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) AC UTE MYO CARDIAL INFARCT ON								
	Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE OF HERO SCLE	RITIC HEAR	T DISEASE				
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF						
NO	couse (a), stating the	(c)		T NOT RELATED TO THE TERM	IINAL DISEASE OR CONI	DITION GIVEN IN PART 1	(0		
TIFICATION	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	conditions contr			200 AUTOPSY?  YES NO S	DITION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED		
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF A COLOR	CONDITIONS CONTR	FOR WHICH OPERATION	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?		
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF COURSE IN THE CO	196. CONDITIONS CONTR	FOR WHICH OPERATE  JURY MONTH DAY YEAR	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES T RY IN ITEM 18 PART 1 OR PART 2)	INGS USED S OF DEATH?		
	PART 2 OTHER SIGNIFICANT (  DIAGONAL PART 2 OTHER PART (  OR CONTRIBUTING CAUSE OF DEAGLE PART (  (IF EITHER, NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET (  20.1 certify that (I) (this hasping sow the deceased alive on obove, (I) (  ) (i) (  ) (i) (ii) (iii) (iii) (iii)	21b. TIME OF INJ ATH HOUR A.M. P.M. 21e PLACE OF IN (ATHOME, STREET, F./	JURY ACTORY, OFFICE, FARM, ETC.)  LEGOSED FROM  LIBUTING TO DEATH BU  LEGOSED TO DEATH BU  LE	211 LOCATION STREET  211 (my) (our) opinion	200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO THE TRANSPORT OF PART 1 OR PART 2)  WAN COUNTY  1987  1987  te and hour and from the	INGS USED S OF DEATH? NO STATE		
	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, F./ (tol) ottended the dec	JURY ACTORY, OFFICE, FARM, ETC.)  LEGOSED FROM  LIBUTING TO DEATH BU  LEGOSED TO DEATH BU  LE	211 LOCATION STREET  211 (my) (our) apinion  DEGREE	200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO  to 4 - 2  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO		

DHMH - 16:60M:7/84

TO FLINERAL DIRECTOR. After this certificate has been signed by the attending pharman detached for use as the burial-transit permit. Then please remove carbanament this state Dept. of Health and Mental Hygiene prior to burial, cremation, or rema

(VRA 15, 4)

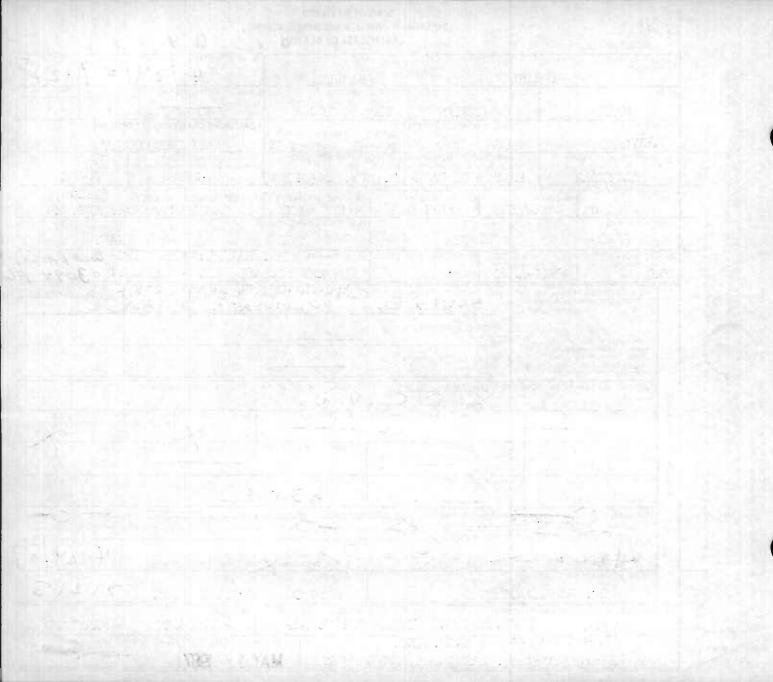
24 FUNERAL DIRECTOR ADDRESS

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		ACRES OF REPORT OF THE PROPERTY OF THE PROPERT

### STATE OF MARYLAND

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24.38 MY	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	SIENE	
		REGISTRAR		CERTIFICATE OF DEATHS	MG, NO,	7
• 6.E		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
poge ;		IS	RAEL	BINDER	4/2	1 5 / 12 p
E pod	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4		MALE	CAUCASIAN	May 1, 1906	80 YRS.	MONTHS DATS HOURS MIN
P Pop	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
122		MARYLAND	USA	WIDOWED DIVORCED	BALTIMORE C	OUNTY M
The second of th	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS C
	/	BALTIMORE	19 WARREN PARK	DR., APT. C4(21208)	BUTCHER .	FOODS
1 1 mg		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e.STREET ADDRESS / ZIP COD	(21208)
7 33 3			ALTIMORE BALTIM		19 WARREN PARK	
thin 事 % 事 ~	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
7 7 1		ÄÄRON	BINDER	ROSE	WIDDIE	KART
ecute Ballon			RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT MRS	. SARA BADTSEINB	ERG-BOCA PATO
e exe	Y	YES, NO OR UNKNOWN)	VE WAR OR DATES) I – ARMY	CENTURY VIL	LAGE WEST - YARM	OUTT E 2094
d a see					, FLO 201342UC	
fice			nly one couse per line for (o), (b), and ED BY:	E PULMO		
teo Par C		IMMEDIA	TE CAUSE (0)		14121 2000	
deoth		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		
the d	10	gove rise to immediate	(6)			
5 25 5	100	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF		
the set of		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELACED TO THE TERM	IN AL DISEASE OF CONDITION OF	VENT BARRY 1
sign hen to bin	Z		D C	C - V - O	TINAL DISEASE OR CONDITION GI	AEIN IIN PART TO
been mit. I prior	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
n. n	E				IN CERTI	FYING CAUSES OF DEATH?
sicio opte loste nusit yque	E -	210, ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
physical trificot trificot tripicot trificot tripicot trificot tripicot tri		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	(ENTER CATIONE OF PRODUCT OF THE PARTY	, 30, 1, 50, 120, 127
drug pl drug pl drug pl buriol-t Mentol or fen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
1 6 5 7	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, I		1 CITY OR TOWN	COUNTY STATE
or offer t After t e os the olth one morked		AT WORK		- 1	v C	
Trus CR.		sow the deceased olive or	anded the deceosed from_	and that in Your Project	death occurred on the date and ho	19
ATT ospi ed fo ed fo ed fo en 2		27b. S. ATURE	review the body often death.	A	dediti occorred on the dote ond no	
OR Dep Dep		ZZB. STOP ATURE	Q 15 (e	DEODEEATTENDING.	, MEDICAL STAFF	221 DATESIGNED
SPITAL J by th VERAL be deto e Stote		4000		PHYSICIAN	DIRECTOR PHYSICIAN	1 010
FUNER ON THE STO		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS		ついかくさ
TO HOSPITA retoined by TO FUNERA should be de with the Stot		DR. HOWA			S COUNTRY BLVD.	21213
	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION  CITY OF TOWN	COUNTYSTATE
BP	1	BURTAL		EBREW FRIENDSHIP	BALTIMORE	MARYLAND
DHMH - 16 60M 7/84			VINSON & BROS I		E REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	1	010 REISTERSTO	WN RD. BALTIMORE	,MARYLAND 21215 M	AY 1 - 1987	mi successification



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moy be

executed within 24 hours ofter death. Page

ATTENDING PHYSICIAN, The

TO HOSPITAL

BP

completely filled in by the funeral director, page 3

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 9	8	9	2
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-	7 REGISTRAR				CERTIF	ICATE OF DEATON	REG. NO	).	A co	
	. DECEASED NAME	FIRST	MI	DDLE	1	AST		MONTH DAY	YEAR 2b HC	UR
1	(TYPE OR PRINT)	RED	MA	NSON	B	LEDSOE	APRIL	28,1	987	M
3	3. SEX	4. R	ACE		S. DATE C		6. AGE (IN YEARS LAST BIRT			ER 24 HRS
	MALE		WHIT	E	AUG	UST 4 1923	63	YRS	HS DAYS HOURS	MIN.
7	OUNTRY)	OREIGN 7b.	CITIZEN OF W	HAT COUNTRY?	AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	VIRGINIA		USA		WIDOWE		BALTIN	TORE.	COUNT	MD.
1	O. CITY OR TOWN OF DEA	тн 11.		DSPITAL, NURSING		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O		21 KIND OF BUSIN	VESS OR
10	CATONSVIL	1.5	33-6	FRED	ERIC	K RD.	FOOD PREI		STATE 6	OVT.
	USUAL RESIDENCE (IF NURS 130. STATE	13b COUNTY		IVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	- 11	
- 4	MARYLAND	BALTI	MORES	CATURSI	1116	YES NO	633-E FI		CK RD. 2	17228
1	4 FATHER'S NAME	MIDO	LE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST _	
1	CORNELIO	15		BLEDSON		MARY			UNSFOR	
1	60 WAS DECEASED EVER (YES, NO ORJINKNOWN)	IN U.S. ARMED	R OR DATES	66 SOCIAL SECUR	~	17. INFORMANT	ADDRE	CIPRIA	NO RD	
L	No	-	2	212-20.	4671	WANDA BARNE	S LANHI	AM MID	2070	6
T	18 CAUSE OF DEAT	H (Enter anly o	ne couse per li	ne far (o), (b), and	101.1				APPROXIMATE INT	ERVAL ND DEATH
1	PART I. DEATH W	IMMEDIATE C		ar 80	00	mondon a	rrest	194		
1			DUE TO OR	AS A CONSEQUEN	CE OF	Teminal	reetasta	tie		
1	Canditions, if ony,	which (	(b)	Ca to	h'w	w with	auche a	tic		
1	gove rise to imn		DUE TO OR	AS A CONSEQUEN	ICE OF		Poil	many		
1	underlying couse		(c)	AS A CONSEGUEN						
1	PART 2 OTHER SIGN	VIFICANT CON	DITIONS CON	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ita	
1	I 190 DATE OF OPERAT									
7	3 190 DATE OF OPERAT	ION	196. CONDITI	ION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS US	
	E						YES NO	YES [	] NO	
1	210. ACCIDENT WAS UND		21b. TIME OF	INJURY MONTH DAY	VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T	OR PART 2)	
1	OR CONTRIBUTING		P.M		YEAR					
1	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE		21e. PLACE O			21f. LOCATION	CITY OR TO	arbi	COUNTY	STATE
1	WHILE NOT WH	ILE C	(AT HOME STREE	T, FACTORY, OFFICE, FAR	PM, ETC )	SIKEET	CITYONTO	WIN	COOIST	SIMIE
П	220.1 certify that (1)		ottended the	deceosed fram	9.	22.1986	, to //	2. 5/ 1, 195	3-7, that (I)	(Me) lost
1	sow the decease obave, (I) (we) (c	d olive an	Ct.		7.00	nd that in (my) (our) apinion	death occurred on the do	te and hour on	d from the causes	stated
1	226. SIGNATURE	no/talo ligi/vi	ew the body o	Her dedili.		DEGREE			22c. DATE SIGNE	)
1	a	Elin	00	2,-		MATTENDING &	MEDICAL STAF	F IAN []	4.28	87
1	22d PHYSICIAN'S NA	ME (TYPE OR PRI	NT <sub>I</sub>	1	_	22e. ADDRESS		0	,	
1	A. DIV	IAKA	RUN	1, M.	0.	10806	HICKORY	KIDE	E ROH	OF
1	23a BURIAL, CREMATION,	REMOVAL 2	3b. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION			
1	BURIAL		2 may	87 600	D 5	HEPHERD CEM.	FLUICOTT C	TITY H	WALD /	110
7	24 FUNERAL DIRECTOR			7 1000	- 011		E REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR. retained by the hospital

MPORTANT, If hem 21 is

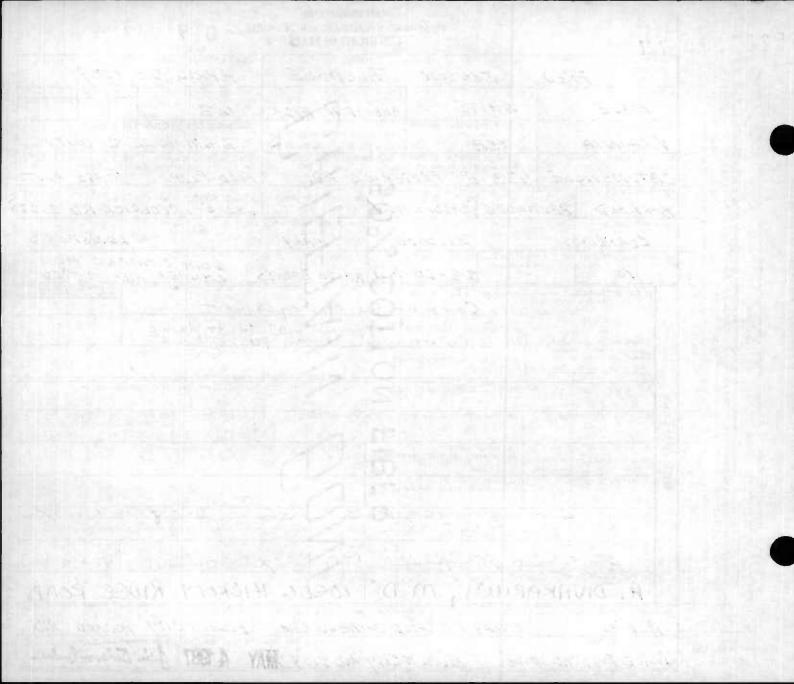
morked or item 18 shows any

FUNERAL HOME

FOR

DUICOTTCHY MAD

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE JULIA DENder Render



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	IENE O 9 8	9 3			
-		CEASED NAME FIRST	MIDDLE	£.	AST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Y.	(11)	Mary	C.	Bo	oblooch	4/20	9/87 1100 MAN			
	3 SE	X	4 RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	FE	emale	white	MONTH 3	/ XX / XXXX 06	TASK 80 YRS	DATS NOORS MIN.			
1	MEN BU	THPLACE ISTATE OR FORFIGN	76 CITIZEN OF WHAT CO	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY				
2	15	Maryland	USA	WIDOWE		Baltimore C	O MD.			
7	(a, c	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI</li> </ol>		R OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY			
	Ba	! Itimore	Manor Car	~ Rossul	lle	unknown	Unknown			
35	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BAH.	ITY ISC CITY O		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	en Ave. 21206			
80	M FA	THER'S NAME	MIDDLE	ACT	15 MOTHER'S MAIDEN NAM	AE				
56	8			atrick	WAXXXXXX	Lena Lena	Weber			
1		VAS DECEASED EVER IN U.S. AR	5 1444 D D D D 4 27561	AL SECURITY NO.	17 INFORMANT	ADDRESS				
		XXX ON XXX	212-	05-7998	Mary Nolan 6	115 Marglenn Ave	. 21206			
3.		18 CAUSE OF DEATH (Enter on	ly ane couse per line far (a)	, (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSEI IMMEDIAT	EST							
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which	( 16) PROG	RESSIVE	CNS DETC	FRIORATION				
9.		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
		underlying cause lost.	(c) PROBA	BLE MU	LLTIPLE CVI	93				
	NO	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0								
10	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED			
1	=======================================						IN CERTIFYING CAUSES OF DEATH?  YES NO			
5	8	710 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1	CAL	OR CONTRIBUTING CAUSE OF DEA	un .	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	-	AT WORK NOT WHILE AT WORK								
13		220 I certify that (I) (this hospit			, 19		19, that (1) (we) last			
		sow the deceased alive on abave, (1) (we) (did) (did not	1) view the body ofter deat	19, or h.	nd that in (my) (aur) opinion o	death accurred on the date and hour				
		22h SIGNATURE	I max		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED			
		9. Smith	1110		PHYSICIAN [	DIRECTOR PHYSICIAN				
1		22d PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS					
		K. Smith								
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE			
	24 51	Burial	5/2/87	Meadowr	idge Mem. Pk.	Baltimore	Maryland			
34		UNERAL DIRECTOR	· 2010 - 7 ^	DDRESS	250. DATI	E REC'D. BY REGISTRAN 256 REGIST	KAK S SIGNATURE			
	A	· Alan Seitz, J	T. DRIR HOTS	ina Ave.	STSTT MVA J	- 1201 Harter 100	-			

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IMPORTANT: If Nem 21 is marked at

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# or any injury, or other troumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

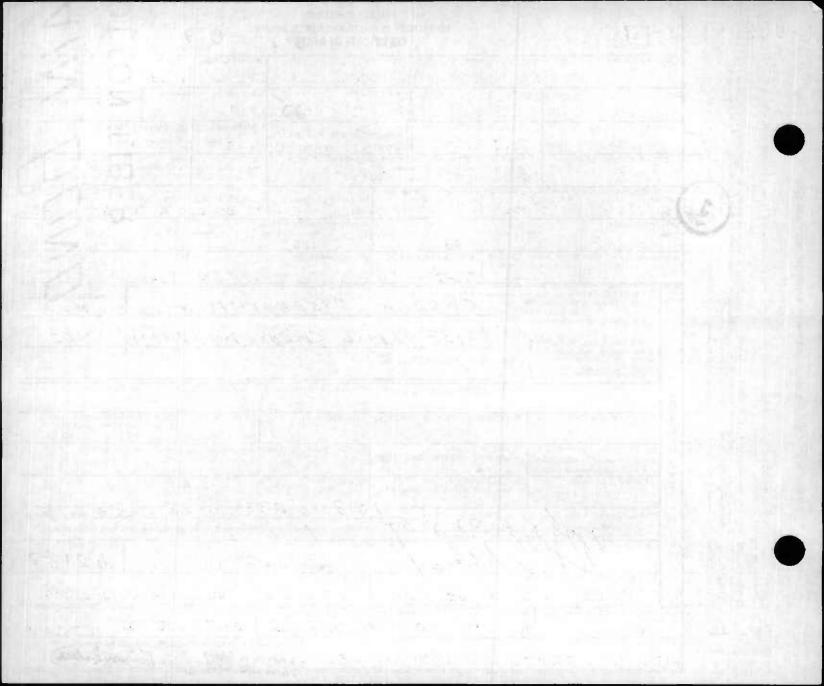
0	9	8	9	Sico
RI	G. NO.			

		CEASED NAME FIRST		MIDDLE	i	AST .	20. DATE OF DEATH MONTH	DAY YEAR	26 HOU	R
(	(TYPE OR PRINT)  WILLIAM HENRY		ВС	OGGS	APRIL 28, 19	87	8:00	OAM		
3.	SEX		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		7.1
		Male	Whit	е	July		61 YRS	MONTHS DAYS	HOURS	MIN.
70		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH		
		New York	U.S.	Α.	WIDOWE		Baltimore Co	unty,		MD.
2 10		TY OR TOWN OF DEATH	JIF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS	ot. T-C	(TYPE OF WORK FOR MOST OF WORKING Engineer	126 KIND ( INDUSTRY		SS OR
.A	30 S	AL RESIDENCE (IF NURSING HOME OF ITALE 136 COUNTY Balt	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN 21236	ADMISSION)	13d. INSIDE CITY LIMITS?	#4 Duncroft	JUE .	236 t. T.	-C
27	-4	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
71-	الغدر	Leland	MIDDLE	Boaas		Paula	Louise	Vic	ola	
16		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		212	36
	(1	res, no or unknown) (IF yes, Giv	E WAR OR DATES)	052-20-6	6920	Joan T. Bo	ggs#4 Duncrof	t. Ct. Ai		_
1 F		18. CAUSE OF DEATH (Enter on	ly one cause ne			0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ggon i bancioi		XIMATE INTER	
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)		IN	DYSAH	YTHMIA	BETWEEN	14 R	S.
	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN III							Y 17-5	
7	CERTIFICATION	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 200. IF 1 IN CER	YES, WERE FINDE RTIFYING CAUSES YES []	INGS USED S OF DEAT NO	H?
100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	un l	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART 1 OR PART 2)		
1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	5	TATE
		220. I certify that (I) (this harpital) attended the decipted from 196 and that in (my) (aux) opinion death occurred on the date and haur an above, (I) (w) (aux) (did not) view the body other death DEGREE  ATTENDING MEDICAL STAFF							that (1) (ye causes state SIGNED	
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	0		22e ADDRESS	DIRECTOR PHYSICIAN	-/-	~ . 0	-/-
		Richard D.	Biggs	, Jr. M.	.D.	7600 Osle	r Drive Suite	#200 2	2120	4
2:		BURIAL, CREMATION, REMOVAL SPECKY) BURIAL	236. DATE MAY 1,		RELAI	EMETERY OR CREMATORY ND MEM . PARK	BALTIMORE	CO., M.	ARYL	AND
24	1. FL	INERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNA	THRE	
W	II.	LLIAM E. JOHN	VSON 85	521 LOCH	RAV	EN BLVD ADI	200 1987 Alia	icordura Ka	ndalla	

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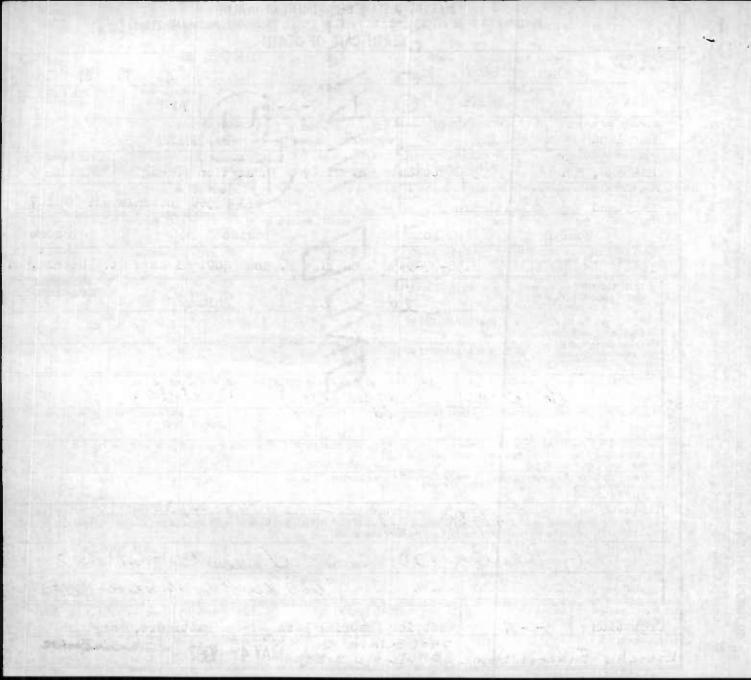
(VRA 15, 4)

O HOSPITAL OR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death . DECEASED-NAME First Middle Last after death 20. DATE OF DEATH 2b. HOUR by the funeral . Pages I and (Type or print) Daniel BONA 10A 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. MALE WHITE lest birthday) 7-22-16 ₹d. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ent within 72 ho Maryland USA BALTIMORE COUNTY WIDOWED KX DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) rockdale Rd. 21107 during most of working life Toyen if retired.) INDUSTRY lace MILLERS, MD. pletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed Baltimore 3500 Rockdale Rd. 21107 Maryland 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost pe Joseph Louise Bona Barone The law requires that the death certificate 2113116a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT physical D Yes no, or unknown) Charles M. Bona 4001 Mildale Ct. Phoenix, Md 198-07-3332 burial, crematian, ar remaval, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Degt. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH PERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1987, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an\_ couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S George Bedon, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) Westview Memorial Park Baltimore, Maryland 7 4DRESS BEINVR Rd 250. REC'D BY REGISTRAR 250, REGISTRARS, SIGNATURA BALTO. MD. 2123 CDATE MAY 4 1887 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH



### STATE OF MARYLAND

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52	130 MAY -1	017	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENE 0 9 REG. NO.	3 9 0
		1. DE	CEASED NAME FIRST	MIDDLE	1	BORNSCHLEGE		ONTH DAY YEAR 26 HOUR
	т. д. ое	(TYP	E OR PRINTI	70	Bernsc		4	+ 29 07 4 FAN
	noy be poge 3	3. SE	Catherine	D.	5. DATE C	niegel	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR IF UNDER 24 HRS
	or. p	J. SE			MONTE			MONTHS DAYS HOURS MIN.
	age urect		EMALE	White	2	16 00	86	YRS
	2 2 pd P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
	de d		MD	USA	WIDOWE		1 BAIto	· County MD.
	1 11 20	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
51	s of	LB	Towson .	St JUSE	on h	03	Ret Fish	
2120	9 4	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE NTY	E BEFORE ADMISSION			
9	24 Silds		1.1		rkville	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	Harford Rd. 21234
MARYLAND	1 /	Section 1	ATHER'S NAME	E OZMOZ O T E O	THV TITE	15. MOTHER'S MAIDEN N		nariora na. 2.254
A A	3 P	10	FIRST		51	FIRST	WIDDLE	TTS more to one
	e 8	160	WAS DECEASED EVER IN U.S. AF		chlegel	Carolin	ADDRESS	Hipschen
BALTIMORE,	*		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)				
N.	9	1	No	215-0	3-4909	Miss Veron	ica Miller	Same as #13e
BAI	ysic ope ivol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a)	(b), and (c).)	1	+ 1100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	anp anp ever			TE CAUSE ID)	vova	sources c	Mudens	
W. PRESTON ST.,	th ce carb or r		The state of the s	DUE TO, OR AS A CON	SEQUENCE OF			
EST	deoth ottend ove ca fron, o		Conditions, if ony, which	(b)				
8	the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			
	that the		underlying couse lost.	(c)				
, 20	ned n ple		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MIN AL DISE ASE OR CONDIT	ION GIVEN IN PART 1(a
RDS	The The Injurial	N N						
DIVISION OF VITAL RECORDS, 201	bee mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
8	ws of series	1.					YES IN NOT	N CERTIFYING CAUSES OF DEATH?
AT!	N: The cate h cansit Hygie 18 sho	1 2	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	
J.	SICIAN: T ng physici certificate priol-fransi lemtol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE					
N N	0, 5	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION		•
ISIC	1000	A A	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY
20	or after the as the alth one marked							
			220.1 certify that (I) (this hosp			d sheet in (my) (aug) assure	, to	ond hour and from the causes stated
	AT asp			of view the body after death.			deorn occurred on the dote	
	0 0 0 0 0 5		22b. SIGNATURE	OMMA-		A A ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	TAL C RAL C deto deto tote D		1/1/	TOTOM		D- PHYSICIAN	DIRECTOR PHYSICIAL	NA
	HOSPITAL ned by 11 FUNERAL JID be defit the State ORTANT:	10	22d. PHYSICIAN'S NAME (TYPE		M 1 . 6 . 1	22e ADDRESS	1172	
	TO HOSPITAL TO FUNERAL Should be dete with the State		Hael S.	66-Hell	nawy		DOW	
	D = 5 2 3 ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	BP		(SPECIFY)	5-1-87	Holy C	ross	Brooklyn	STATE VINUOS
		24 F	UNERAL DIRECTOR			250 DA	W. Y	Anne Arundet Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)		Leonard J. Ruch	. Inc. Balti	more. Md		APK 2 9 198/	your desision. Randall
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uho de harak err			REGION F. DI-148		
		SA.	The southful day	Laconnel Jr. Ruck.	

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ineral director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

BP

DHMH - 16 60M 7/84

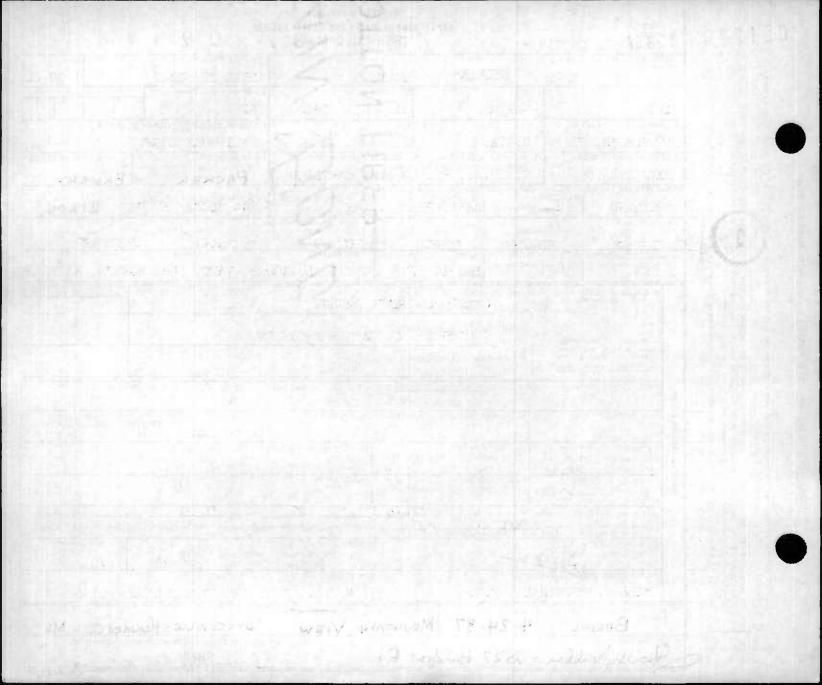
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

0 0	12	9	J.
OREG. NO.		-	

DECEASED NAME    EARL   WILLIAM   BOWEN   APRIL 21, 1987   1.30 AM   APRIL	6 /	1	FOR STATE  REGISTRAR XC 29031	939	DEPART		EALTH AND MENTAL HYG	IENE OREG. N	8 9	1	
THE CONTROL OF ANALY OF STATE OF BRITE OF THE STATE OF THE STATE OF BRITE OF THE STATE OF THE ST					WIDDLE	t/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
MALE  WHITE  D1***OPH**O 10***192***Log				WII	LIAM	BOWEN	1	APRIL 21,	1987		1:30 A <sub>M</sub>
BALTIMORE CITY OF COUNTY OF DEATH  TORT HOWARD  TORTH HOW		3. SE	X	4 RACE			F BIRTH	6. AGE (IN YEARS LAST BIR			
BALTIMORE CITY OF COUNTY OF DEATH  TORT HOWARD  TORTH HOW				WHITE		01	01 1920	67		DATS	HOURS MIN.
BALTIMORE, ND  U.S.A.  WOOMED DOORGED 18 BALTIMORE COUNTY  MOUNT OF TOWN OF DEATH 18 DESTRICT OF THE INSTITUTION (PROTEST SIGNATURE)  FORT HOWARD  V.A.M.C., FORT HOWARD, MARYLAND  POSUAL RESIDENCE OF MURROWS COUNTY  MARYLAND	87		COUNTRY	76 CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY O	R COUNTY OF	DEATH	least the same
FORT HOWARD  FORT	25			U.S.A.				BALTIMORE	COUNTY		MD.
FORT HOWARD  OSUAL RESIDENCE IF MORPHONE MORPHONE MORPHONE MORPHONE MARYLAND  Its STATE MAYLAND  ME STORE IF MORPHONE MORPHONE MORPHONE MORPHONE ITS MODE MARYLAND  ME STATE MODE METHER'S NAME RESIDENCE IF MORPHONE MORPHONE MARYLAND  METHER'S NAME RESIDENCE IF MORPHONE MARYLAND  METHER'S NAME RESIDENCE IF MORPHONE MARYLAND  METHER'S NAME RESIDENCE IF MORPHONE MODE MARYLAND  METHER'S NAME RESIDENCE IF MORPHONE MODE MARYLAND	到	10 C	ITY OR TOWN OF DEATH	HE NOT IN SUC	THEACHITY GIVE STREET	ADDRESS)					F BUSINESS OR
18. STREET ADDRESS ZIP CODE   19. STREET ADDRESS ZIP CODE   21.2.0.6	2	- 2		V.A.M.	.C., FT.	HOWARI	), MARYLAND	n		One.	ERY
THE CAUSE OF DEATH (Enter only one couse per line for ici), (b), and ici)  PART I DEATH WAS CAUSED BY:  (CARDIOPULMONARY ARREST    It CAUSE OF DEATH (Enter only one couse per line for ici), (b), and ici)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   CARDIOPULMONARY ARREST    CONDITION OF UNIVERSAL AND DEATH	3	130.	STATE HIS COUN	OTHER INSTITUTION	13c. CITY OR TOW	'N		13e STREET ADDRESS 4208 BERGE	ZIP CODE R AVENUE	2	1206
THE CHARGE OF DEATH IERIES ONLY OR COUNTY OF THE STREET OF THE CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  TO ALE OF OPERATION  THE CALSE OF DEATH IERIES ONLY OR COUNTY OF THE CHARGE OF THE PART OF PART OF THE CHARGE OF TH	172	H.E.		MIDDLE	IAST					146	
The conditions, if only, which gove rise to immediate couse per line for 101, 101, 101, 101, 101, 101, 101, 101	BP	K				71.0			SH		
18. CAUSE OF DEATH letter only one couse per line for 101, (b), and 1021   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE 10]   CARDIOPULMONARY ARREST     CARDIOPULMONARY ARREST     CARDIOPULMONARY ARREST     CARDIOPULMONARY ARREST     COnditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost. (b)     SQUAMOUS CELL CARCINOMA OF LUNGS     DUE TO, OR AS A CONSEQUENCE OF (ic)     SQUAMOUS CELL CARCINOMA OF LUNGS     DUE TO, OR AS A CONSEQUENCE OF (ic)     DUE TO, OR AS A CONSEQUENCE OF	事り		WAS DECEASED EVER IN U.S. AR	MED FORCES?							
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IMMEDIATE CAUSE (o)   OTHER DETAILS   OTHER DETAILS   OTHER SIGNATURE   OTHER SIGN			18 CAUSE OF DEATH (Enter on	ly one couse per	r line far (a), (b), an	d (c).)				APPROXI	MATE INTERVAL ONSET AND DEATH
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 706. AUTOPSY? 1266. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW 197. NOW 198. PART 108 PART	roumotic			DUE TO, Q	RAS A CONSEQUE SQUAMOUS	CELL (	CARCINOMA OF I	LUNGS			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 706. AUTOPSY? 1266. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW 197. NOW 198. PART 108 PART	r other t		couse (o), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
OR CONTRIBUTING CAUSE OF DEATH COUNTY STATE  OR CONTRIBUTING CAUSE OF DEATH COUNTY  P.M. 19  21d. FULLY OF LOWN  COUNTY STATE  OR APRIL 21  187  187  187  187  187  187  187  1	injury, o	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 110	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. FEITHER NOTIFY MEDICAL EXAMINER)  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. INJURY OCCURRED  271d. HOUR A.M. MONTH DAY YEAR P.M. 19  271d. INJURY OCCURRED  271d. INJUR	Aus ony	TIFICAT	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		IN CERTIFYING	RE FINDING CAUSES	OF DEATH?
21d. INJURY OCCURRED   21d. PLACE OF INJURY (IATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)   21f. LOCATION   STREET   CITY OR TOWN   COUNTY   STATE	18 ch		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART I	OR PART ?)	
278. I certify that (I) (this hospital) attended the deceased from APRIL 1 18/ to APRIL 21 18/ that (I) (we) lost sow the deceased alive an APRIL 21 1987 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (didy(did not) view the body after death.  278. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN XX 4/21/87  274. PHYSICIAN'S N. TITTO THAT DIRECTOR PHYSICIAN XX 4/21/87  274. BURIAL, CREMATION, REMOVAL 23B. DATE  PHYSICIAN OR CREMATORY PHYSICIAN SYNCHOLOGY OF CREMETERY OR CREMATORY SYNCHOLOGY OF TOWN SYNCHOLOGY O		ED	21d. INJURY OCCURRED					CITY OR IO	wn (	OUNTY	STATE
sow the deceosed alive an APRIL 21 1987 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (didy(did not) view the body ofter death.    PROPERTY   PRO	rked	2	AT WORK NOT WHILE	[AT HOME, SI	REET, PACTORY, OFFICE, P	ARM, EIC J	STREET.				
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 4/21/87  1724 PHYSICIAN'S N THE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 4/21/87  1726 ADDRESS  BALA S. DUGGIRALA, M.D.  1726 ADDRESS  V.A.M.C., FORT HOWARD, MARYLAND 21052  1726 BURIAL, CREMATION, REMOVAL 1236. DATE 1726 ADDRESS  V.A.M.C., FORT HOWARD, MARYLAND 21052  1726 BURIAL, CREMATION, REMOVAL 1236. DATE 1726 ADDRESS  V.A.M.C., FORT HOWARD, MARYLAND 21052  1726 BURIAL, CREMATION, REMOVAL 1236. DATE 1726 ADDRESS  V.A.M.C., FORT HOWARD, MARYLAND 21052  1726 ADDRESS  V.A.M.C., FORT HOWARD, MARYLAND 21052  1736 BURIAL, CREMATION, REMOVAL 1236. DATE 1736 ADDRESS  1736 BURIAL, CREMATION, REMOVAL 1236. DATE 1737 BURIAL 124-87  MOUNTAIN VIEW 37 KEEVILLE - HOWARD CG Md. 1737 BURIAL DIRECTOR.	OE S	12	220.1 certify that (1) (this haspi	tal) attended th	e deceased from		1 11			,	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SYKESVILLE - HOWARD Co Md. 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 276. DATE REC'D. BY REGISTRAR'S SIGNATURE	121		sow the deceosed alive an above, (1) (we) (did);(did no	t) view the body	ofter death.	, on	d that in (my) (aur) opinion (	death accurred on the de	ate and hour and	from the	couses stated
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SYKESVILLE - HOWARD Co Md. 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 276. DATE REC'D. BY REGISTRAR'S SIGNATURE	Hen		276. SIGNATURE			(				22c. DATE	SIGNED
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SYKESVILLE - HOWARD Co Md. 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 276. DATE REC'D. BY REGISTRAR'S SIGNATURE	±		本於	M			PHYSICIAN [	MEDICAL STAF	IANXX	4/2	1/87
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SYKESVILLE - HOWARD Co Md. 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 276. DATE REC'D. BY REGISTRAR'S SIGNATURE	ATA!				1-1-1						
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SYKESVILLE - HOWARD Co Md. 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 276. DATE REC'D. BY REGISTRAR'S SIGNATURE	APO		BALA S. DUGGII	RALA, M.	D.		V.A.M.C., FOR	RT HOWARD, M.	ARYLAND	210	052
24 FUNERAL DIRECTOR. 250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	×		(SPECIFY)	1				CITY OR TOWN			STATE MA
The same for the s	7/84	24 F					25a. DAT	REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNAT	URE
		<u></u>	January Marcon	70-1	2-41-	1 .14		2 4 130/	Colen A	wide,	- Hudare



STATE OF MARYLAND

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	FOR	
-	STATE	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	9	8	9	9
	DEC NO			

		REGISTRAR					REG. N	٥.			
		CEASED NAME FIRST	^	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	IR
	1.7.	Lorrai	ne Mary	BOWLER			April 20,	1987		2:37	7P M
	3. SE)	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(PAOH)	IF UNDER I YEAR	IF UNDER	
1		Female	White		MANTE	ig. 8, 1927	59	YRS.	MONTHS DAYS	HOURS	MIN.
	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	00	9 BALTIMORE CITY O		Y OF DEATH		
2	B	altimore, Md.	USA		WIDOWE	DINORCED DINORCED	Baltimore	Coun	tv		445
1	)0. CI	TY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN		OR OTHER INSTITUTION	12a DISTIAL OCCUPATI	IONI	125 KIND O	F BUSINE	SSOR
1	Ro	ssville 21237	Frankl	in Sq. Ho	Spita	ıl	Taborer	F WORKING L	INDUSTRY	Mfg.	Co
	USUA	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION.							23 22	1
2	13e. S	Md. 136 Ba	timore	Essex		134. INSIDE CITY LIMITS? YES NO T	13. STREET ADDRESS	ZIP COP	kenbacke	r Rd	•
0	M. FA	THER'S NAME Pichard War	ner	LAST		Anna Sny			IAS	ı	
1	160 V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI		17 INFORMANT	ADDRE				
1	(1	YES OR UNKNOWN) (IF YES, GI	(E WAR OR DATES)	220 22 6	663	James F. Bow.	ler, Husban	d	Same		
ł		IN CAUCE OF DEATH (Fater of		l == 6== (= ) (b ) ====	l contract				APPROXI	MATE INTER	VAL
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	Arterios	clerc	otic Cardiovas	cular Disea	SP	BETWEEN	INSET AND	DEATH
п		IMMEDIA	TE CAUSE (0)	711 001 100							
П			DUE TO, OF	AS A CONSEQUE	NCE OF						
1		Conditions, if ony, which	(b)								
1		gove rise to immediate couse (a), stating the	DUE TO OF	AS A CONSEQUE	NCF OF						
1		underlying couse lost.	(c)								
1		PART 2. OTHER SIGNIFICANT		NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GI	IVEN IN PART 10	) '	
	O										
d	ATI	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
1	CERTIFICATION		Mark Street				YES NOT		IFYING CAUSES	OF DEAT	
H	ERT	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY	-	21c HOW INJURY OCCURR				NO L	1
1		OR CONTRIBUTING CAUSE OF DE	310	M. MONTH DA	Y YEAR		- (Eriteministe Grinds		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19	100 17001					
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	5	TATE
1		AT WORK NOT WHILE AT WORK	1100								
-		22a I certify that (I) (this hosp				. 19	, to		, 19	that (I) (v	ve) lost
ı		sow the deceosed olive or obove, (I) (we) (did) (did no	ot) view the body	ofter death.	, or	nd that in (my) (our) opinion d	leoth occurred on the do	ote and ho	our and from the	couses sto	ted
1		226. SIGNATURA	011	. /		DEGREE	-,		22c. DATE	SIGNED	
		Hannel	D/11	Muser	f) 11	ATTENDING PHYSICIAN P	MEDICAL STAI	IAN	4.0	2-2-0	87
٦		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			Tan Innesse				D - 1	4
1		David B Pe	chert	M.D.		9105 Fran	Klin Square 1	), we J	Just 317	1111	137
+	22- D		-	T22. N	IAME OF C				<del> </del>		- / /
	738. 8	URIAL, CREMATION, REMOVAL	4/24/	87 H	) TU	EMETERY OR CREMATORY Hill Memorial	Cardens B	17+4-	COUNTY	Ma <sup>S</sup>	TATE
1			11-11	1							
		neparbrector izdžinski Funer	1 Home	DA TARRYS	na E	astern Ave APF	REC'D. BY REGISTRAR	73b. REGIS	TRAR'S SIGNAT	URE	
1		regeriiskt ruller	10000	** T40\ (	JEO. ES	21221 AVE APP	7 2 3 198/	man 1	varidor. Po	adaes	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT: If Nem 21 is morked or Nem 18 shows any injury, or other troumatic

TO HOSPITAL OR ATTENDING PHYSICIAN: The low require retained by the hospital or ottending physician.

TO FLWERAL DIRECTOR: After this certificate has been significant to retain the retained for use as the buriot-tronsit permit. Then the first Dept. of Health and Mental Hygene prior to be

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STATE OF MARYLAND

22e ADDRESS

FUNERAL E MPORTANT. 22d. PHYS CIAN'S NAME (TYPE OR PRINT) # 0 0 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DAT (SPECIFY) BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

(VR A 15 (4))

FUNERA

YES T

COUNTY

22c. DATE SIGNED

YEAR

DAYS

126 KIND OF BUSINES

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 min.

NO I

STATE

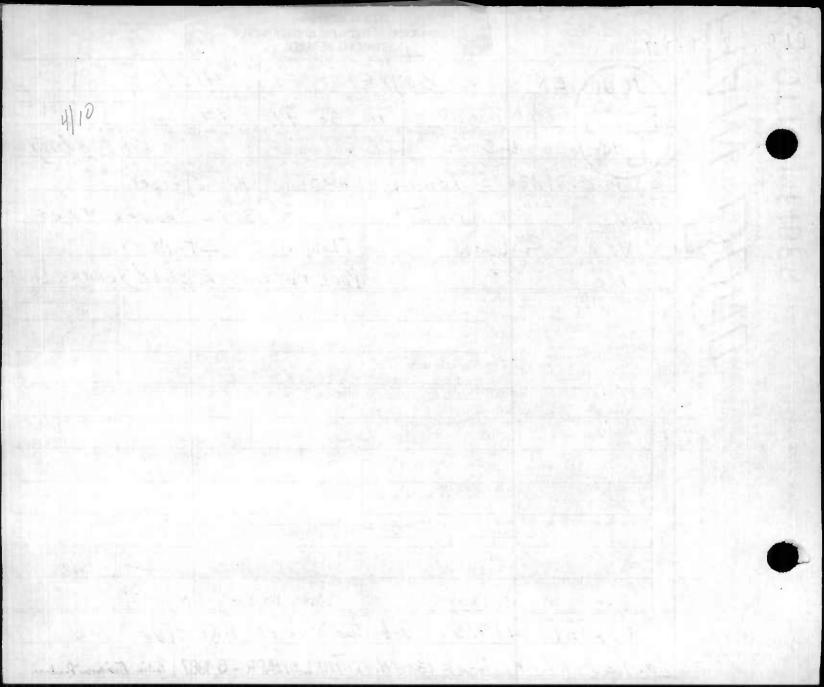
STATE

IF UNDER TYEAR

INDUSTRY

2b HOUR

IF UNDER 24 HRS



### STATE OF MARYLAND

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0		FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 0 9 9	0 1	
4		CAPITAL ALBE	RTA	P	50 Y D	20. DATE OF DEATH MONTH	16 87	10 25 Am
2	1 567	F	4 RACE B	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 76 YR:	MONTHS DATS F	HOURS MIN.
7		ETHPLACE LETATE DEFORE ON	76. CITIZEN OF WHAT COL	MARRIE	D X NEVER MARRIED D	Baltimore city or coun	County	MD.
5	16	tractions of DEATH	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GI		General	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)  Retred	G LIFE) 12b. KIND OF E	BUSINESS OR
1	13e. 5	AL RESIDENCE IF NUMBERO IDAL OF		OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES 🟋 NO 🗌	13e.STREET ADDRESS / ZIP CO	DDE Ave	21207
9	1	John	K. The	ri dan	15. MOTHER'S MAIDEN NAM HOLY	MIDDLE	Brow	n
2		VAS DECEASED EVER IN U.S. AR HEL HO DE LINKHOWNI N D	MARCH CALCATELLY 217-	- 20-00/2	Percy Boyd	3016 Way	ne Aven	TE INTERVAL SET AND DEATH
	NOI	Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost	DUE TO, OR AS A CO    DUE TO, OR AS A CO   DUE TO, OR AS A CO   (c)	es men historience of historience historie		HALES  NAL DISEASE OR CONDITION	GIVEN IN PART Ito	
2	CERTIFICATION	1911 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDING RTIFYING CAUSES OF YES []	S USED F DEATH? NO []
100	MEDICAL CE	The ACCOUNT WAS UNDERSTOOD ON COMMINISTED CAUGE OF DE- 1ST LICHER, NOUTH PARCIAL CRAWNED THE INSURY OCCURRED WHILE AND A WORK AT MODEL A WORK TO SEE I CERTIFY that of this hospi	HOUR A.M. MON P.M.  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	21r. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	COUNTY	STATE of (/ (we) lost
1		THE PHYSICIAN'S NAME THE	ot) view the body after death	h.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the car 220 DATE SN 4 116/	
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4/22/87		emetery or crematory on al Mem Park	Laurel	COUNTY	Mä
	24 FL Wn	INERAL DIRECTOR  N. C. March F/H	West 4300 î	Wasash Av		R21 1987 Juli	a Deviden . P	endass.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, A shauld be detached for site with the State Dept. of Heal MPORTANT. If hem 21 is m

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	APR21 NG			

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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000	110			

3		FOR STATE REGISTRAR		DEPARTI		ICATE OF DEATH	7 0	9 9 G. NO	0 2	
3		CEASED NAME FIRST Joh	n W. Bo	ynton	L	AST	April 1	IH MONTH D	AY YEAR	2b. HOUR
	3. SE)	X	I. RACE	1.44	S. DATE C		6 AGE (IN YEARS L		F UNDER I YEAR	IF UNDER 24 HRS
		M	V	J	Jul	7, 1904 YEAR	82		ONIHS DATS	HOURS MIN.
Y	26	HPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE C	TY OR COUNTY	OF DEATH	MD.
7	Lu	therville	(IF NOT IN CUC	Tiege Ma	nor	DR OTHER INSTITUTION	12a USUAL OCCI	AOST OF WORKING LIFE	INDUSTRY	F BUSINESS OR
3		AL RESIDENCE (IF NURSING HOME OR STATE 135 COUN	OTHER INSTITUTION	Baltimo		138. INSIDE CITY LIMITS?	3900 N.	ESS / ZIP CODE Charles	St.	21218
2	14 FA	George Edward	d Boynt	on LAST			colyn Will:	Lams	LAS	1
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU 212 32 3		Mrs. Lynn		11 Far		n. 21093
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(c)ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	20b. IF YES,	WERE FIND IN ING CAUSES	4GS USED
	RTIFI						YES NO	YES		NO 🗌
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	n .	of injury M. Month D. M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE C	P INJURY IN ITEM 18 PAR	RT   OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC }	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		22a.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (ord) (did not	41	13/ 198	7 . 01	26 - 19 2 nd that in (my) (our) apini	an death accurred on	the pate and have		
-		22d. PHYSICIAN'S NAME (TYPE OF	y 1	unn	M:	ATTENDING PHYSICIAN		STAFF HYSICIAN []	The DATE	16/87
		VI. KEVII	1	NAM	10	1000	JUKK	0-		
1	Ć	Burial, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 4/16			Mount Cem.	Balti	more, Md		STATE
0		UNERAL DIRECTOR  TCHELL-WIEDEFEI	D HOME	, INC.	6500	York Rd.	ADD 22 1		AR'S SIGNAT	URE Pardella

DHMH - 16 60M 7/B4 (VRA 15, 4)

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0373	38 MY -	10	FOR STATE		DEPART		EALTH AND MENTAL HYC	SIENE 0 9	9 0 3	
40			REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0.	
10			00.000		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	ge 3 eath	(11.0)	VIRGIN:	IA MA	H.	BRADS	HAW TON	april 30	1987	300 PM
	moy pog er de	3. SE:		4 RACE		5. DATE		6. AGE (IN YEARS LAST BIR		
	ige 4 may be ector, page 3 ors ofter death	30	Female	caucas	ian	MONT	22 1909	77	YRS. MONTHS DAY	S HOURS MIN.
	Poge Hours		RTHPLACE (STATE OR FOREK	GN 76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	Per Pre		Maryland	U.S.	4.	WIDOW		Baltimo	re County	MD.
	with the to	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		OF BUSINESS OR
5	s office of the	0	atonsville	(IF NOT IN SUC	H FACILITY, GIVE STREET			homemaker		Y
212	hour hour hour hour	USU	AL RESIDENCE (IF NURSING F		GIVE RESIDENCE BEFORE	E ADMISSION)				
2	24 lilled		100.	COUNTY Baltimore	Catonsv		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	liffe Ave.	21228
YLA	within within		THER'S NAME		02.001154	1110	15. MOTHER'S MAIDEN NA		tille ave.	21220
AAR	A PORT		Horace	MIDDLE	lderson		Maude	MIDDLE	For	LAST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	cute	16a. V	AS DECEASED EVER IN L		16b SOCIAL SECU	IRITY NO.	17. INFORMANT	APORE	tonsville, l	
MON	exe ge ge	(	ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)			Kenneth A. B			
Ė	e pe				1 (		Weithe Cit W. D	rausilaw 150		OXIMATE INTERVAL EN ONSET AND DEATH
80	ficat ( )	11	18 CAUSE OF DEATH (E) PART I. DEATH WAS O		line far (o), (b), an	d (c).	andid T	Lastin	BETWEE	N ONSET AND DEATH
TS N	certificate and analysis		IMA	MEDIATE CAUSE (a)	Hana	30	iondral In	rescuin		
O To	£ 2375			DUE TO, O	R AS A CONSEOU	ENCE OF	tic Condiova	serle Ans		
»E	4 A F 0 +		Conditions, if any, wh gove rise to immedia	ate			a comora	Total 212	care	
3	by the ase rer		12.7	the DUE TO, O	R AS A CONSEOU	ENCE OF				
201	s ped		DART 2 OTHER CICARGO	(5)	CALIFORNIA INC. TO 1	DEATH BUT	NOT RELATED TO THE TERM	The latest and an entitle		
DS,	n signed Then pl	Z	15 monthus	ANT CONDITIONS CO	'- Olita	h. al	A.	MINAL DISEASE OR CON	DITION GIVEN IN PART	Ito'
Ö	, e : e > y	ATK	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	OINGS LISED
8	has b has b perm ene pi	문							IN CERTIFYING CAUSE	ES OF DEATH?
ITAI		CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING T 216. TIME C	F INJURY		21c. HOW INJURY OCCUR	YES NO	YES OR PART 1 OR PART 2)	NO 🗆
> 7	IG PHYSICIAN: TI ottending physicials for this certificate is the burial-transit ond Mental Hygi		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH D		The troop was a second	(ENTER NATURE OF INJUI	TIN HEM TO, PART T ORPART 2)	
Z	r them	MEDICAL	(IF EITHER NOTIFY MEDICAL E)  21d. INJURY OCCURRED	P. PLACE		19	211. LOCATION			
ISIO	ING PHY T attendi After this as the bu Ith and M arked ar	ME	WHILE   NOT WHILE	LAT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN COUNTY	STATE
2	OR ATTENDING e haspital or off DRECTOR: After sched far use as th Dept. of Health at I them 21 is marke					01	13 67	4/1	. 05	
	FND Pal of Pal o		220.1 certify that (1) (this sow the deceased of	42 1		87	nd that in (my) ( apinion	death assured as the de	19 3 /	, that (I) ( <del>ve)</del> last
	OR ATTEN le haspital DIRECTOR sched for ur Dept. af He		above, (I) (wat (dat) ( 22b. SIGNATURE	did nat) view the body		, 0	DEGREE			
	he he he horder to DIRE		228. SIGNATURE	6 11 Ail	1000 A	20	ATTENDING .	MEDICAL _ STAF	F 4/	2 SIGNED
	HOSPITAL FUNERAL Build be det the the State OORTANT:		22d. PHYSYCIAN'S NAME	B / MC	ner "	か	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IAN 7	20/8/
	OSP UNN Id be the SRTA			f of Mi	Man no	^	O Am	to Pen	212	2.9
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached it with the State Dept. of MAPORTANT; if them 2					,	700 00	un une		
		23a B	URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		burial	5/4/87		Meado	vridge Mem. Pl		Howard	Md.
DH	HMH-16 30M 2/80		NERAL DIRECTOR		ADDRESS			E REC'D. BY RECK TAR	PEGIST PRESIGNA	REdall
	(VRA 15, 4)	Ga	ry L. Kaufma	n 5695 Mai	n St., Elk	ridge	.Md.21227 MA	11 7 1001	0	

death. Page 4 may be

within 24 hours ofter

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

### STATE OF MARYLAND

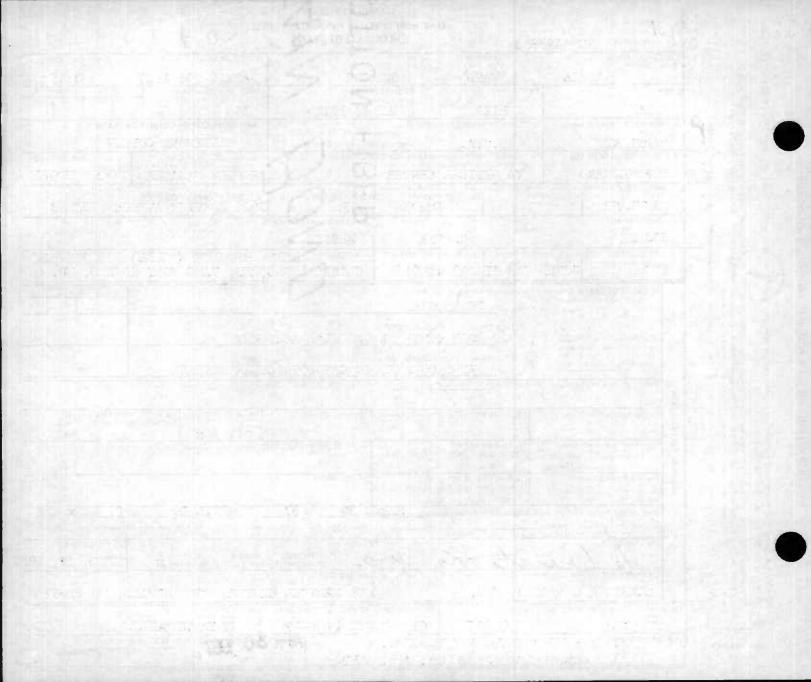
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

0	0	(1)	n	2.8
REG.	NO.	7	U	

100		REGISTRAR XC 544		CERTIFICATE OF DEATH				
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH D	AY YEAR 2b. HOUR	
	(TYPE	LOUIS	EDWARD	RD.	AGER	APRIL 29, 1987	3:45A	
	3. SE:		4. RACE	5. DATE O			FUNDER TYEAR FUNDER 24 HE	
	100	IALE	WHITE	MAY	H DAY YEAR	75	ONTHS DAYS HOURS MI	
610		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY OR COUNTY	OF DEATH	
記し		IARYLAND	U.S.A.	MARRIE	DXX NEVER MARRIED	BALTIMORE CO	IINTV	
-		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			12a. USUAL OCCUPATION	12b KIND OF BUSINESS	
23	- 1	ORT HOWARD	VA MEDICAL CH	ENTER		PRODUCE MANAGER	FOOD STOR	
35	13a. S	STATE 13b. COURT	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  130 CITY OR TO  BALTIMO	WN	138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3826 BONVIEW AVE	NUE 21213	
DOC		THER'S NAME OSEPH	MIDDLE BRAGEI	R	15. MOTHER'S MAIDEN NA BESSIE	ME	LAST	
col	16a V	VAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT ANN	A BRAGER WIFE	) SAME ADDRES	
Lond	Y	YES NO OR UNKNOWN) LIF YES GIN	WAR II 212 12	0160		CORDS, VAMC FORT		
c event, th			lly one cause per line for (a), (b), c D BY: TE CAUSE (a) PNEUMON	EA_			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
r ather trauma		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	REBROL UENCE OF	VASCULAR ACC			
					TTO OTHER TO VID	OCDIN DIBLIDE		
injury, o	NO.	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR CONDITION GIVE	N IN PART 1 o	
Sws any injury, o	TIFICATION	PART 2. OTHER SIGNIFICANT (	19B CONDITION FOR WHICE	1.0	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE  200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?	
tem 18 shows any injury, o	CAL CERTIFICATION		196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	1.0	NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES, IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?	
	MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.	196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES NOW YES	WERE FINDINGS USED VING CAUSES OF DEATH?	
		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE! 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR  19 E, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  200 IF YES, IN CERTIFY  YES NOW YES  RED (ENTER NATURE OF INJURY IN ITEM 18. PA	WERE FINDINGS USED YING CAUSES OF DEATH? NO THE COMPART ?) COUNTY STATE	
		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE: (IF EITHER, NOTHEY MEDICAL EXAMINET 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE	DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21c. LOCATION STREET  CH. 30 , 19.87	200 AUTOPSY?  200 IF YES, IN CERTIFY  YES NOW YES  RED (ENTER NATURE OF INJURY IN ITEM 18. PA	WERE FINDINGS USED (ING CAUSES OF DEATH?)  NO ((INC.) (INC.) (INC	
21 is marked ar Item 1		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE: (IF EITHER, NOTHEY MEDICAL EXAMINET 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hospi	19b, CONDITION FOR WHICE  11b, TIME OF INJURY HOUR A.M. MONTH P.M.  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  101) attended the deceased from	DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21c. LOCATION STREET  CH. 30 , 19.87	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18. PA	WERE FINDINGS USED (ING CAUSES OF DEATH? NO (INC.)	
Item 21 is marked ar Item 1		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED  WHITE NOT WHITE AT WORK 22a.1 certify that (1) (this hasping saw the deceased alive an above, (b) (we) (did.) (did not above, (b) (did.) (did not above	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE	DAY YEAR 19 E, FARM, ETC.)	21c HOW INJURY OCCUR  21L LOCATION STREET  CH 30 , 19 87  and that in OREY) (our) apinion  DEGREE  ATTENDING	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  to APRIL 29 1  death occurred an the date and haur	WERE FINDINGS USED (ING CAUSES OF DEATH?)  NO   COUNTY STATE  9	
them 21 is marked ar them 1		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED  WHITE NOT WHITE AT WORK 22a.1 certify that (1) (this hasping saw the deceased alive an above, (b) (we) (did.) (did not above, (b) (did.) (did not above	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE tol) attended the deceased from 1) view the bady after death.	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCCUR 21L LOCATION STREET  CH 30 , 19 87 and that in (20) (aur) apinion DEGREE	200 AUTOPSY?  200 IF YES, IN CERTIFY YES NOW  RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  10 APRIL 29	WERE FINDINGS USED (ING CAUSES OF DEATH? NO COUNTY STATE OF PART 2)  COUNTY STATE  9	
Item 21 is marked ar Item 1		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTHEY MEDICAL EXAMINET 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK Sow the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE tol) attended the deceased from 1) view the body after death.	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCCUR  21c. HOW INJURY OCCUR  21l. LOCATION STREET  CH 30 , 19 87  nd that in (Rey) (our) apinion  DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS	200 AUTOPSY?  200 IF YES 200 IN CERTIFY  YES NOW YES  RED (ENTER NATURE OF INJURY IN ITEM 18, PA  CITY OR TOWN  APRIL 29  death occurred an the date and hour  MEDICAL STAFF  DIRECTOR PHYSICIAN 28	WERE FINDINGS USED (ING CAUSES OF DEATH? NO COUNTY STATE OF PART 2)  COUNTY STATE OF PART 2)  Ond from the causes stated APRIL 29, 1	
21 is marked ar Item 1	WEDICAL WEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hosping the deceased alive an abave, (I) (we) (did) (did not	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tol) attended the deceased from 1) view the body after death.  WR PRINT!  DDIO, M.D.	DAY YEAR  19  E. FARM. ETC.)  MARI  , OL	21c. HOW INJURY OCCUR  21c. HOW INJURY OCCUR  21l. LOCATION STREET  CH 30 , 19 87  nd that in (Rey) (our) apinion  DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS	200 AUTOPSY?  200 AUTOPSY?  YES NOW  CITY OR TOWN  APRIL 29  death accurred an the date and haur  MEDICAL STAFF DIRECTOR PHYSICIAN CANCER  CENTER, FORT HOWA	WERE FINDINGS USED (ING CAUSES OF DEATH?)  COUNTY STATE  9 87 tho Kin (we) I ond from the causes stated  22c DATE SIGNED  APRIL 29, 1  RD, MD 21052	
them 21 is marked ar them 1	WEDICAL WEDICAL	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hasp) saw the deceased alive an above, (h) (we) (did), (did no  22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE OCCURRED)  22d PHYSICIAN'S NAME (TYPE OCCURRED)  22d PHYSICIAN'S NAME (TYPE OCCURRED)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. SIREET, FACTORY, OFFICE tol) attended the deceased from 11 view the body after death.  DDIO, M.D.  23b. DATE 23b. DATE 23c.	DAY YEAR  19 E. FARM. ETC.)  MARI	21c. HOW INJURY OCCUR  21c. HOW INJURY OCCUR  21l. LOCATION STREET  CH 30 , 19 87 and that in (Rey) (aur) apinion DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  VA MEDICAL ( CEMETERY OR CREMATORY)	286 AUTOPSY?  286 AUTOPSY?  YES NOW  CITY OR TOWN  APRIL 29  death accurred an the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN A  23d LOCATION  23d LOCATION  23d LOCATION  23d LOCATION  23d LOCATION  23d LOCATION  23d LOCATION	WERE FINDINGS USED (ING CAUSES OF DEATH? NO COUNTY STATE PART 2)  COUNTY STATE  9 87 thorough (we) I ond from the couses stated APRIL 29, 1  RD, MD 21052	
Hem 21 is marked ar Hem 1	WEDICAL	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHEY MEDICAL EXAMINET  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hasping the deceased alive an above, (I) (we) (did), (did not account to the deceased alive an above, (I) (we) (did), (did not account to the deceased alive an above, (I) (we) (did), (did not account to the deceased alive an above, (I) (we) (did), (did not account to the deceased alive an above, (I) (we) (did), (did not account to the deceased alive an above, (I) (we) (I) (WILL ALIVE AND A	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME. SIREET, FACTORY, OFFICE tol) attended the deceased fram 11 view the body after death.  DDIO, M.D.  23b. DATE  23b. DATE  23c. PARENTI 23b. DATE	DAY YEAR  19  E. FARM, ETC.)  MARI  NAME OF C	211. LOCATION SIREET  CH 30 19.87  and that in (XCY) (aur) apinion DEGREE  222e ADDRESS  VA MEDICAL (CEMETERY OR CREMATORY SON FOREST	200 AUTOPSY?  200 AUTOPSY?  YES NOW  CITY OR TOWN  APRIL 29  death accurred an the date and haur  MEDICAL STAFF DIRECTOR PHYSICIAN CANCER  CENTER, FORT HOWA	WERE FINDINGS USED (ING CAUSES OF DEATH? NO COUNTY STATE PRODUCTION OF THE COUNTY STATE MILS,	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or offending physician

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

ottending physicion.

51539 APR 27

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ube	G. NO.	3	U	1
KL	G. 140.			

100	070	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL	HYGIEN	Q. S	2 9	0 5	
100	2101		CEASED NAME	FIRST		MIDDLE	· ·	AST	70	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
deoth deoth	1			DBERT		aul		DENBURGER		PRIL 22.			10:30 am
ofter p	1	ME	MALE		4. RACE	2	5. DATE C	DAY YEAR		AGE (IN YEARS LAST B		MONTHS DAYS	HOURS MIN.
1	36		RTHPLACE   STATE OR I	OREIGN	WHITI 76. CITIZEN OF	WHAT COUNTRY?	8	22 1929  XX NEVER MARRIED	9	57 BALTIMORE CITY	YRS. OR COUNTY	OFDEATH	
15	30	MA	ARYLAND		U.S.A		WIDOWE	D DIVORCED	D B	ALTIMORE			MD.
by the	₹3		ORT HOWARD	TH	(IF NOT IN SUC	HOSPITAL, NURSIN TH FACILITY, GIVE STREET . FORT HOWA!	ADDRESS)	DR OTHER INSTITUTION  D. 21052	(1	D. USUAL OCCUPATIVE OF WORK FOR MOST POLICEMAN	OF WORKING LIF		OF BUSINESS OR
filled in	35	13a. S	AL RESIDENCE (IF NURS STATE MARYLAND	136 COUN BALT	OTHER INSTITUTION		ADMISSION)	134. INSIDE CITY LIMIT		STREET ADDRESS		2	21237
	30	14. FA	ATHER'S NAME ALBERT		MIDDLE I	BRANDENBU	RGER	IS MOTHER'S MAIDER FIRST MARGAR		ELIZABI		JONE	
bund un	- meding	16a V	VAS DECEASED EVER YES NO OR UNKNOWN) YES	LIF YES, GIVE	MED FORCES? E WAR OR DATES) EAN	166. SOCIAL SECU 216 24		CLIN. RECD	s. v	AMC, FT.			21052
physicie on pope	event, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter an AS CAUSEI IMMEDIAT	ly ane cause per D BY. E CAUSE (a)	tine far (a), (b), and EXTENS IVE	CERE	BRO-VASCULA	R AC	CIDENT		BETWEEN  3 MO	NTHS
the ottending	her traumatic		Canditians, if any, gave rise to imm couse (a), statin underlying couse	nediate g the	(b) I	R AS A CONSEQUE ESSENTIAL R AS A CONSEQUE	HYPE	RTENSION				19 Y	EARS
aned b	ry, ar a				ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR COI	NDITION GIV	EN IN PART 1	a'
permi	nin you will	CERTIFICATION	DIABETES					ERIOS CLEROS N WAS PERFORMED		TRACHEOST 20a autopsy? Yes \to NO \to	20b. IF YES	S, WERE FINDI FYING CAUSES	
ol-tronsit	em 18 sh		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEA	****	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OC	CCURRED		URY IN ITEM TS F	PART I OR PART 2]	
s the bur	ked or It	MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
DIRECTOR: Af	n 21 is mo	M	220.1 certify that the saw the decease above, (we) (or	d alive on	4/2	22 19	4/16 87_, or	, 19 8 nd that in ( <del>my</del> ) (our) api	nion deo	, to 4/22 th occurred on the	date and hou	or and from the	
be detoched	NT: If Ber		22b. SIGNATURE	100	0	Tan	14		NG /	MEDICAL STA	AFF ICIAN X		2/87
to FUNERAL	MPORTANT		AURORA (		, M.D.			VAMC, FORT			LAND 2	21052	
<b>→</b> w			BURIAL CREMATION,	REMOVAL	4/25	/87 GA		VS OF FAI	TH	23d LOCATION CHYOR TOWN BALTO		BALTO	STATE
- 16 60		24 54	ONEBAL DIRECTOR	SU D		ADDRESS	Very			2 4 1987	R 256 REGIST	Tanden	

nneral director, page 3 in 72 haurs after death

10 FUNERAL DIRECTOR: After the conditions have used by the ottending physician and the detected for use on the build than the principle of the Store Destrict Health and Mental Hyperes prior to buriol, cremation, or remayol.

MEDRIANT: Here 2 is marked or then 18 shows any injury, or other troumotic event, they

IC HOSPITAL OR ATTENDING PHYSICIAN, The retained by the hospital or other drug physician

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH

	1 3	W.				24	KIG. N	$\Theta$	11	-	
		CEASED NAME JANE	Ayres	BREA	DY	ist	20. DATE OF DEATH	MONTH 3	DAY YE	21	HOUR
			219100					04	26 8	37 5	5:30p M
- 1	3. SEX	X	4. RACE	5.	DATE O		6. AGE IN YEARS LAST BIR	THDAY)	MONTHS I		UNDER 24 HRS
	F	FEMALE	CAUC	ASIAN	01	09 03	84	YRS			Mis.
1	70 B)	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNT	Y OF DEAT	ТН	
1		Virginia		5.A, w	IDOWE	DIVORCED [	BALTIMORE	COUN	ITY		MD.
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING F	HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT				SUSINESS OR
9		TOWSON		701 N. CHAR		ST	Practition	er.		Relig	jion
6	13a. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN	- 1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COI	DE		
	_	aryland A.A	. Co	Severna P	ark	YES NO	656 Tewkes	bury	Lane/	2114	16
	14.FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM				LAST	
	1			Davis		Margaret	Lîlli		F	Keât:	
7		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	166 SOCIAL SECURITY		17 INFORMANT	ADDRI				1401
6	100	No		214/50/801	.7	Doris A. Tubr	man/14 Arli	e Dr.	./Anna	apol:	is, Md.
-		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and (c	1, 3				BET	PPROXIMA WEEN ONS	TE INTERVAL
				CARDIOPULM	IDNA	RY FATLURE			ONE	MON 3	TH
			100								
1		Conditions, if ony, which (b) ADVANCED VIITUA CARCTNOMA									
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUENC	E OF						
		underlying couse lost.	( Ic)								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PA	R1 1/o	
	CERTIFICATION	190. DATE OF OPERATION	10h COND	ITION FOR WHICH OP	EBATION	LAVAS DEDECIDATED	200 AUTOPSY?	Tank IE VI	ES, WERE F	th I O I I I	CHICEO
4	FIC	DAIL OF OFERATION	170. COND	HON TOR WHICH OF	CKATIO	WAS PERFORMED	ZVO AUTOPST:				
=				5				1	IFYING CA		
1	W.	71n ACCIDENT WAS UNDERLYING	7 21h TIME C	DE IN ILIRY		71c HOW IN HIRY OCCUPE	YES NO X	1	res 🗆		DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR		1	res 🗆		
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY M.	YEAR 19			1	res 🗆		
	MEDICAL CER	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE NOT WHILE	HOUR A. R) P. 21e. PLACE	M. MONTH DAY M.	19	211. HOW INJURY OCCURR 211. LOCATION STREET		RY IN ITEM 18	res 🗆	RT 2)	
		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DAY M. OF INJURY REE1, FACTORY, OFFICE, FARM,	19	211 LOCATION	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART LOR PAI	RT 2)	STATE
		OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  270.1 certify that (1) (this hosp  sow the deceased alive or	ATH HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DAY M. OF INJURY REE1, FACTORY, OFFICE, FARM. 7.26ecosed from	19 ETC)	211 LOCATION STREET	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART LORPAL COUN	17 tho	STATE
		OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp	ATH HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DAY M. OF INJURY REE1, FACTORY, OFFICE, FARM. 7.26ecosed from	19 ETC )	711 LOCATION STREET , 19 d that in (my) (our) apinion d	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAI  COUN  19  Dur and from	IY tho	STATE  It (I) (we) lost uses stoted
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FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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UREG. NO.	7	U	4

101	00 10	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. No	D. 7		
100	JUIN	1 DE	CEASED NAME FIRST	WIDDIE	l	AST	20. DATE OF DEATH	MONTH DAY	YE AR	2b HOUR
nay be	deoth	(TYPE	Thelma	I. Brinsfield			April	19 1987		1205 AM
2 0	-	3. SE.	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTE	DER I YEAR	IF UNDER 24 HRS
e de	urs afte		emale	Caucasian		1 1900 YEAR	86	YRS.		HOURS MIN.
P . P	م وسؤو		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
deat	7 un 0		aryland	U.S.A.	WIDOWE	DEX DIVORCED	Baltimore (			MD.
ofter of		2.74	atorsville	11. NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET FOREST HAVEN NURS	ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Salescerson		UDUSTRY	F BUSINESS OR
2 4	3 0			OTHER INSTITUTION GIVE RESIDENCE BEFORE	~		balestersur	•	prege	r-Gutmans
24 h	1.25	13a. S	STATE 136 COUN	imore 13c. CITY OR TOW	/N	136 INSIDE CITY LIMITS?	315 Inglesi		pt 2A	21228
	1	14. FA	ATHER'S NAME	MIDDLE LAST	3000	15. MOTHER'S MAIDEN NA	WE	11111111	LAST	
-	10150		earge W. Murphy			Mary R. Whea	tley		LASI	
	1 00		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		17. IN Michael H.				21133
9 0 0	2 8/	n	0	220-14-	7847	9908 Cervida	e La. Apt 1 F	amallsto	wn ]	Maryland
ote o	17 1		18 CAUSE OF DEATH (Enter on	ly ane cause per line lar (a), (b),	ld (c)				APPROXIM BETWEEN O	MATE INTERVAL
phy phy	000		PART I. DEATH WAS CAUSE	D BY: "E CAUSE (b) Cereby	al a	Heresclerox	1			
es c	or or			DUE TO, OR AS ACONSEQU	ENCE OF	1 1	11/	1		
death	ian,	- 0	Canditions, if any, which	( b) Difere	alle	the Carlo	Vacanta a	Reserve		
he o	emo mot r tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	TNCE OF					
by t	othe		underlying cause lost.	DUE TO, OR AS A CONSEQUI	ENCEOF					
ned he	orio q, ar		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	V PART 110	
equir n sig	Then properties to the properties of the propert	NO O								
y dee	prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
he lo	per ene	Ĭ					YES TO NOTO	IN CERTIFYING	CAUSES	OF DEATH?
ysicing ysicing	Hygi Wash	l e	21a. ACCIDENT WAS UNDERLYING			216 HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART 2)	
CIAP ph	at of the	14	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
ding ding	Mer Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION				
7 Pr tten	the and	¥	WHILE NOT WHILE	( AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC }	STREET	CITY OR TO	WN (	COUNTY	STATE
Pr o	alth mort		220 A coutifu that (1) (thus base)	to attended the deceased from_	4	-2- 1024	# # -	19-10	97	that (1) (we) last
TEN Tol	F He		saw the deceased alive on	4-17- 108	7	id that in (my) (ew) opinion of	enth accurred on the do	te and hour and	-	1 1
ATT ospi	2 g f f		22b. SIGNATURE	wew the body affer death.		DEGREE	The second of the se	Te one noor and	the many	doses stored
the h	e Dep		Jan Signature	All as	11	ATTENDING .	MEDICAL STAF		1/2	0/07
by ERA	be deto		224 PHYSICIAN'S NAME (TYPE)	(PRIMIT)		PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSIC	IAN	4-	101
0 0 5	Dta	0	11 1/1	NIPP ME.		5411 OLD F	FEFTOPICK	RA	212	200
TO F	with t	230 6	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	,	01/01	7
DD.		7 Je. C	ispecify)				CITY OR TOWN	Doll	UNIY	STATE
BP						e Park Cemetery	Woodlawn E REC'D. BY REGISTRAR			Maryland
	60M 7/84		NAME	Byers Funeral Direction				ulia Deore		
(VRA	15, 4)	0	120 THEFTY KORD KE	mallstown, Marylan	ككتلك لم	I AF!	14 I BUI	June Proper	24.60	

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STATE OF MARYLAND

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be executed within 24 hours of

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician. 3

eral director, page 3

fulled in by the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	4	A	U	3
	DEC NO	1		- 3

5	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.	- 1	
F. (	DECEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY		2b. HOUR
I.	YPE OR PRINT) Eli	izabe	th	Caroline	E	Bryant	HOR	ic 4	1987	10 PM
3. 3	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Female		Whit	e	July	20 1903	83	YRS.	MINS DATS	HOOKS
70.	BIRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	_	FDEATH	
1	Baltimore, Mo	d.	U.S.A.		WIDOWE	_	Baltimore	e Co.		MD.
	CITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
1	Owings Mills	s.Md	Rainbow	Hall Bar	otist	Home	Home makes		Home	
U3	UAL RESIDENCE HENURS	ING HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	1	2/11	7
	Md.		imore	Owings M:		YES NO	10729 Parl	Heint	nts Ave	
14.	FATHER'S NAME		MIDDLE	LAST	2113	15. MOTHER'S MAIDEN NA	ME	9	LAS	ot
	William	P		Eckels		Margaret	the		ROTH	
160	. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		\$\$807 F		
L	NO			219-03-4	4316	Mr. Lowell 6	Bryant, Jopp	atowne		
Г	18 CAUSE OF DEAT	H (Enter or	nly one couse per	fine for (a) (b), and	d (c).)		10		BETWEEN	MATE INTERVAL ONSET AND DEATH
П	PART I. DEATH W		TE CAUSE (0)	YRO!	GRESS:	JE SENILE	DEMENTA	4		year
1			DUE TO, O	R AS A CONSEQUE	NCE OF	. 1.			1 4	14400
	Conditions, if any,		(b)	Ar	SHE!	MCR'S	1) 15A3C	7.33	1	
	gave rise to imm couse (0), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
L	underlying cause		(c)							
١,		NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0)
CERTICICATION		-	101 50110	TIGHT CONTROL	00504710	N WAS PERFORMED	20a. AUTOPSY?	Tank IE VES	WERE FINDIN	NGS LISED
1 5	190. DATE OF OPERA	IION	196. COND	IIION FOR WHICH	OPERATIO	- WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
1	21g. ACCIDENT WAS UND	DERLYING F	21b. TIME C	E IN HIRY		1216, HOW INJURY OCCUR	YES NOW	YES		NO []
		CAUSE OF DE	ATH HOUR A	M. MONTH DA		The state of the s	The second secon			
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e. PLACE	M. OF INTURY	19	21f. LOCATION		1	/	
1 3	WHILE NOT W	HILE D		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	N	COUNTY	STATE
	22a.1 certify that (I)		nttended th	a decensed from	. 101	-Y 10 82	'n Apr	1 - 10	. 87	that (I) (we) last
Г	sow the decease	ed alive or	APR	L Z 19 8		nd that in (my) (ear) opinion	death accurred on the d	ate and hour		
	22b. SIGNATURE	<del>lid)</del> (did ni	at) view the body	etter death.		DEGREE			22c. DATE	SIGNED
	0	hu	H. O.	Eu-	pa	ATTENDING PHYSICIAN D	MEDICAL STA		4-	7-87
+	226. PHYSICIAN'S NA	AME (TYPE	OR PRINT)			220. ADDRESS	A DIRECTOR   FITTS	NAIT L		101
	-John	2	G. L	LIVA	MD	7402 YORK	( RD : TOU	n Gose	0	21204
23	a. BURIAL, CREMATION,		23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	Burial		4-7-1	987 Rs	alto.	Nat'l. Cemete	Pry Baltimor		Md	SIMIL
24	FUNERAL DIRECTOR			ADDRESS	-	25a. DA		25b. REGISTR.	AR'S SIGNAT	TURE
1	E.F.Lassahn	,1175	50Belair		ille.	Md.21087 AP	R = 8 1987	Julia D	cordon-	Candalla

DHMH - 16 25M (VR A 15 (4) ) 9/74

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TO FUNERAL DIRECTOR, After this certificate has been signed by the artending playking and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sk with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or cembryot.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or other traumatite event, the medical examination

FOR

그 사용 유민들은 경우 전투를 대통하면 보고 있다. 그는 그 아들이 얼마 있다면 하다 있다.	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	FO NO		

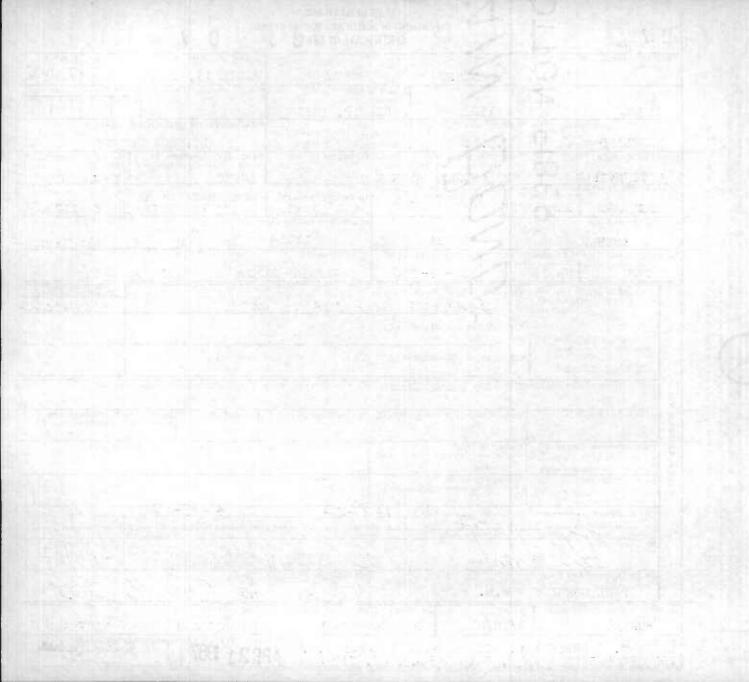
	REGISTRAR		CEILLI	TCATE OF DEAD!	REG. N	10.		
	CEASED NAME FIRST	WIDDIE		IAST	20. DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
TITTE	Otis Otis	Joshua	BU	CHANAN	April 11,	1987		12:36 M
3. SE	(	4 RACE	5. DATE O		6 AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	De		70	YRS	MONTHS! DAYS	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY		Y OF DEATH	
1	W.VA.	USA	WIDOW		Baltin		county	MD.
	TY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  Franklin Sq	ADDRESS)		UYPE OF WORK FOR MOST Retired-			F BUSINESS OR
JSU/  3a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI	DE	
		lto. Esse		YES NO 14	827 Dors		ve 21	221
4. FA	THER'S NAME		^	15. MOTHER'S MAIDEN NA	ME	EY-A		
	FIRST	MIDDLE LAST		FIRST	WIDDIE		LAS	1
60 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		Emma 17 INFORMANT	ADDR	ESS	Conley	7
		E WAR OR DATES	KIII 140.					
	_no	235-16-	8290	Marie Buch	anan 827	Dors	ey Ave	21221
	18 CAUSE OF DEATH (Enter or	ly one cause per line for (a), (b), on	d (ci.)	01	- (1)		BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	diac	- Stoud	Still			
	MANCOIA							
		DUE TO, OR AS A CONSEQUE		. H. I	Dua.		- 0	
	Conditions, if ony, which	(b) <u>Ca</u>	Kons	My Least	DIM	11		
	couse (o), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	9 1 11	1			
	underlying couse last.	Ant	674 1 a	Achmotic de	out Die	PALL		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR COL	IDITION G	IVENI INI DADT 1:-	
Z	The Earliest of Country of the Count	CONTRACTO CONTRACTOR OF TO LOCAL	<u> </u>	THE TERM	MITAL DISEASE ON CO.	10111011	IVER HAT AKT TI	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	NI WAS DEDECTATED	20a AUTOPSY?	Table 15 V	ES, WERE FINDIN	ICS LISED
0	198 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPST		IFYING CAUSES	
T.					YES NO	)	YES 🗌	NO 🗌
CE	21a. ACCIDENT WAS UNDERLYING		AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM TO	PART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	ain	19					
S.	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION				
MEDICAL		(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR I	OWN	COUNTY	STATE
	AT WORK AT WORK							
	220.1 certify that (1) (this hasp	tal) attended the deceased from_		, 19	, to		, 19	that (I) (we) last
	saw the deceased alive on	19		nd that in (my) (our) opinion (	death occurred on the	date and he	our and from the	couses stated
	22b. SIGNATURE	ot) view the body after death.	_	DEGREE			22¢ DATE	SIGNED
	THE STOTIONE ()	()A			MEDICAL STA	FF	220. DATE	3101420
	-			A.D. ATTENDING PHYSICIAN	DIRECTOR   PHYS	CIAN		
	228. PHYSICIAN'S NAME (TYPE	OR PRINT)	14 11	22e ADDRESS	1			
	Dr. Stern			6010 Dida	La Dand			
22. 0		Tan pars	LAME OF C	6918 Ridg				
	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. N	NAME OF C	CEMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE
	Burial	4/14/87 0	ak_T.	awn Cemeter	V Bal	timo	ro Mar.	Factor
24. FL	INERAL DIRECTOR			25a. DAT	EREC'D. BY REGISTRA		STRAR'S STOWAL	Realia
(	Connelly Funcy	alHome 300Mac	07.220	21221 1	PR 1 4 1987	Eng.	Susider-	Caramo
		ainome suumac	GHAG	. 41441 M	11 7 - 100.			

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## STATE OF MARYLAND

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05	0992 APA	177	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	O <sub>REG. N</sub>	9 1		
de	. 84		CEASED NAME OR PRINT)	FIRST	MIDE	DLE	ı	AST	26. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	noy be poge 3			ELMER	AN	DREW		BUMBA	APRIL 15,		7	1:20 AM
	4 mo	3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
	ge ge		MALE		WHITE			L 17, 1917	69	YRS.		
	orth. Po		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WH		8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF	DEATH	
	de de		MARYLAND ITY OR TOWN OF DE	ATIL	U.S.A		WIDOWE	DR OTHER INSTITUTION		MORE COL		MD.
10:	by the f filed with		CATONSVILL	0.00	(IF NOT IN SUCH FA	BORNE A	ADDRESS)	OK OTHER INSTITUTION	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND OF B INDUSTRY	
BALTIMORE, MARYLAND 2120	filled in nould be	13a. S	AL RESIDENCE (IF NUR STATE MARYLAND	13b. COUN	JTY 13	E RESIDENCE BEFORE  E. CITY OR TOW  ATONSVI	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		1228
RYL	within within	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	=
WA	d S S		ANDREW		11000	BUMBA		LYDIA	MA			HISON
ORE	ond c Pages		VAS DECEASED EVER YES, NO OR UNKNOWN) YES	I (IF YES, GIV	E WAR OR DATES)	b. SOCIAL SECU		17 INFORMANT	ADDR			
MIT.	r be cian o	_	YES	WW I	I 2	220-07-0	224	JOSEPHINE B	UMBA	SAME AS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	anth certificate antinding physic carbon page falls of removal roumotic event, t		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE IMMEDIAT	E CAUSE (a)	e for (a), (b), one  LUCHETU  S A CONSEQUE	s can	cmome of	neck		APPROXIMAT BETWEEN ONS	nonths
01 W. PR	or other tr		gave rise to im cause (a), stati underlying cause	ng the	DUE TO, OR A	s a conseque	NCE OF					
RDS, 2	n sign Then protected by	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS CON	TRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
IL RECO	ne low re has been to permit permit.	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDINGS G CAUSES OF	DEATH?
VITA	N: The roasit has Hygier 18 show	W W	210. ACCIDENT WAS UN				VE A D	21c. HOW INJURY OCCUR				
9	SICIAN:  ng physi certificat rial-tran ental Hy	N N	OR CONTRIBUTING			MONTH DA	19					
VISION	DING PHYS or attendan After this c is as the bur aith and Me marked or It	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE OF	INJURY FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR IC	)WN	COUNTY	STATE
۵	Aft Aft mor mor		220.1 certify that (I		ral) attended the d	eceased from_	1-	29-87 19	10 4-15	-87, 19	, that	t (1) (set last
	TTEN Pital TOR. for us of He		saw the decease	ed glive an	4-1-8 t) view the body of	t 19_	, ar	nd that in (my) (ayr) apinion	death accurred an the d	ate and haur ar		
•	TAL OR A y the has RAL DIREC detached tote Dept.		22b. SIGNATURE	12	Somh	7	- 4	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DATE SIG	187
	- d H as		22d PHYSICIAN'S N	AME (TYPE	R PRINT)			77e. ADDRESS	P DIRECTOR   PITTSR	) a d	17.07	
	retained by to FUNERAL should be de with the Start		PAÚL G					900 CATON	AVB BAZ	10. M	21)	29
			BURIAL CREMATION	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	BP				4/18/87			THEDRAL	BALTIMOR		MARYL	
	DHMH - 16 60M 7/84 (VRA 15, 4)	LE 16	INERAL DIRECTOR ROYMEM. & F 30 EDMONDS	RUSSEL SON AV	L C. WITZ ENUE, CAT	KE FUNE	RAL H	OMES P.A.	PR21 1987	Julia D	resignature	dees



#### STATE OF MARYLAND

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U D J soin	1 DE	REGISTRAR CEASED NAME . FIRST		WIDDLE	CERTII	ASI	20 DATE OF	REG. NO. 7	7	EAD 1	h HOUR
2 7 E		Charl	es Edv	vard	Buck	Kert. Jr.	anci	1 19th	192	7	7:35PN
7 8 8 8	3. SE		1. RACE		5. DATE C		6. AGE (INY	EARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
a section 4		11	C	- )	5	Zg Z/			RS.		MIN.
1 1 1 2 C	7d. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTI	RY? B. MARRIE	NEVER MARRIED	-	RE CITY OR COU	NTY OF DEA	TH	
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filled in fulled in fulled to	30	AL RESIDENCE (IF NURSING HOME OF TATE BALL	prother institution JNTY timore	13c. CITY OR T		13d, INSIDE CITY LIMITS? YES NO (4)		ADDRESS / ZIP C		Ri	State
前有	14 F/	THER'S NAME Charles	MIDDLE	Burker	t.Sr.	15. MOTHER'S MAIDEN NA	ME	Rose	3200	Mous	alev
9 9 9	160. \	VAS DECEASED EVER IN U.S. A		16b SOCIAL SI		17. INFORMANT		ADDRESS			ngsvil
NT /	(		IVE WAR OR DATES)	219-01		Otto B. Zin	nmer, J		30x 248		1d.210
that the death cernical day the attending seas remove carpon of, cremation, or the or other traumatic events.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, CO	OR AS A CONSE	OUENCE OF						
davies then pl	NON	PART 2. OTHER SIGNIFICANT		DEME		NOT RELATED TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PA	ART I(a	
he ton-	FICAT	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTO		F YES, WERE I	INDING USES O	S USED F DEATH?
iCIAN: T g physic ertificat ial-trans ntal Hye iem 18 s	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	'URE OF INJURY IN ITEA	A 18 PART TORP	ART 2)	
offendin rer this c is the bur h and Me	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUP	łTY	STATE
ATTENDIN spital ar CTOR: Af far use a af Healti		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did in	n 4/1	7 19	0-4	d that in (my) (aur) apinion	/, taC	d an the date and	haur and fro	, the	at (I) (we) la: uses stated
the horter of th		276. SIGNATURE  276. PHYSICIAN'S NAME AYPE	u vode	7, 12	1. D.	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF  PHYSICIAN	271.	TATE SI	GNED 7
O HOSP rouned to Fund thould be with the		R ZA	~ 0.DN	7		ST. JOS	EPHS	s Hosi	o. B	ALT	0. m
BP	23a I	BURIAL, CREMATION, REMOVA SPECIFY) Burial	236 DATE 4-21	87	Morela Morela	emetery or crematory and Mem. Pk.	23d. LOCA		more,	Mary	land
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME SSALN FUNG	us I Hon	me BA	5	AIR Pd. 250. DAT		387 Julia	Dender,	52	aus.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1	0.00
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	OSPITAL OR ATTENDING PHYSICIAN, per los quires that the death certificate be executed within 24 hours offer death. Page 4 may be set by the hospital or attending physician.	UNERAL DIRECTOR. After the certificate letticate letticate by the otherwing physicion and completely filled in by the functoil director, page 3 lides detached for use as the buriol fractificate formal times compared to possess and 2 should be filled with 72 hours after death the State Dept of feedth and Mental Higher guard to buriol, compared in removal.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

7a. BIRTHPLACE

COUNTRY)

13a STATE

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

CITY OR TOWN OF DEATH

3. SEX

Julia

136 COUNTY

(STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if ony, which gove rise to immediate cause (a), stoting the

underlying cause last.

19a. DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

WHILE NOT WHILE AT WORK

22b. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS

220.1 certify that (1) (this haspital). attended saw the deceased alive an abave, (1), (we) (did) (did not) view the b

4. RACE B

7b. CITIZEN

11. NAME (IF NOT IN

MIDDLE

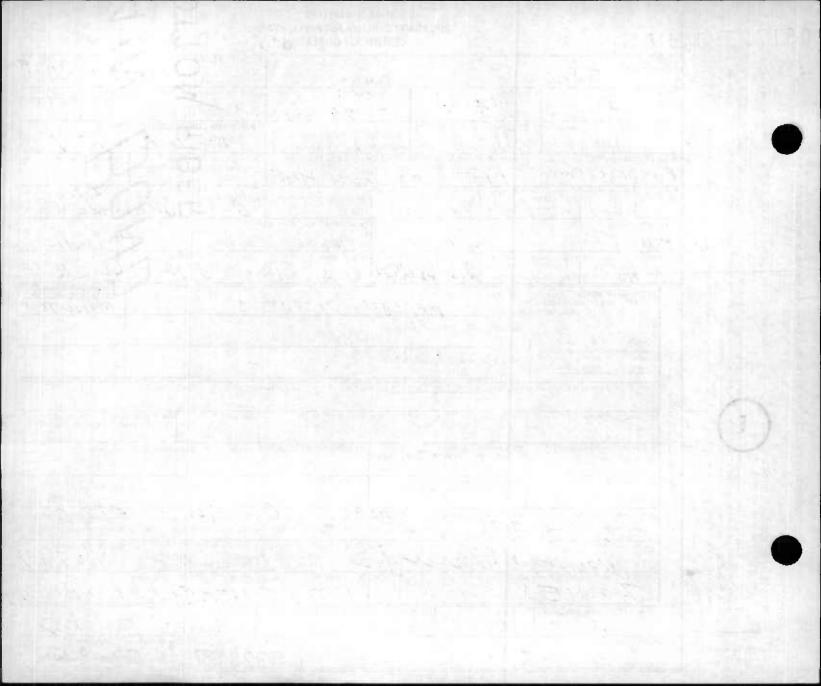
IMMEDIATE CAUSE (a)

DEPARTMENT OF HI	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	IENE REG. NO	9 9 1 3	
Ba	rley	20 DATE OF DEATH	MONTY DAY YEAR 126/8-7	2h HOUR P
ACE BLACK 5. DATE O	F BIRTH YEAR 91	6. AGE (IN YEARS LAST BIRT	DAY) / IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
ITIZEN OF WHAT COUNTRY? MARRIED WIDOWEI	NEVER MARRIED DIO	9 BALTIMORE CITY OF	COUNTY OF DEATH	/ MD.
NAME OF HOSPITAL, NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		BUSINESS OR
R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE ZIZ	57
Johnson	15 MOTHER'S MAIDEN NAM Bessie	MIDDLE	Chan	dler
FORCES? 166 SOCIAL SECURITY NO. 216-68-2523	Bessie S/a	we 25/		ale St
DUE TO, OR AS A CONSEQUENCE OF	DISTRE	<b>-</b> 3	4.	INTERVAL NSET AND DEATH
(c)	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART 110	
196, CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES ( YES	
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21e PLACE OF INJURY  [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
attended the deceased from 77 And 19 27, and whe body after death.	d that ir (my our) apinion of	death accurred an the da		ouses stated
Mangent	ATTENDING PHYSICIAN	MEDICAL STAF		1GNED / -7/4-7
1	1777 RG	ISTERSTO	DUN RD	PINESUNG
DATE 122 NAME OF CE	THETERY OR CREMATORY	1224 LOCATION		

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 4/30/87 Western Star Cemetery

Catonsville

24. FUNERAL DIRECTOR March F/H West 4300 Wabash 
> 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE dia Teridon Rondock



99

### STATE OF MARYLAND

MENT	OF	HEAL	TH	AND	MENTAL	HYGII
CE	RTI	FICA	TE	OF	DEATH	Q

APR - 9 1987 Julia Dender Be

the s	OR STATE			DEPART	MENT OF H	EALTH AND MENT	AL HYGI	ENE	0	) 1	4	
	ASED NAME	Richo	200	MIDDLE	L	AST .		20. DATE OF DEATH	NO. MONTH	DAY YEAR	26 H	OUR A
3 SEX	malo	1.	RACE	do	S. DATE C	F BIRTH	AR	6. AGE (IN YEARS LAS	- 1	IF UNDER I YE		DER 24 HRS
	HPLACE (STATE OF	FOREIGN 7t	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRI	ED 🗆	BALTIMORPGIT	Valle in	Y OF DEATH		
10 CITY	OR TOWN OF DEA	ATH I		HOSPITAL, NURSIN		D DIVORCE		120 USUAL OCCUP (TYPE OF WORK FOR MC Sheet Met	ST OF WORK	INDUST	RY	INESS OR
13a. STA	RESIDENCE (IF NURSATE )	ING HOME OR OF 136 COUNT	Y	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIA		13e.STREET ADDRES		E	1082	alt C
14 FATH	HER'S NAME FIRST PROY		DDLE .	Burr	ıs	15. MOTHER'S MAIL FIRST				Tracv	LAST	
	S DECEASED EVER , NO OR UNKNOWN)	IN U.S. ARMI		214-26-		17. INFORMANT Mrs. The	elma	A. Burns	Hydes,			
10	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic:  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  RESPORTATION  FATAURE											NTERVAL AND DEATH
	Conditions, if ony, gove rise to improve couse (a), static underlying couse	nediote ig the	(b)_	DUE TO, OR AS A CONSEQUENCE OF CONSE						UV	Ku	all in
NOI	ART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	DATRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CO	ONDITION GIV	VEN IN PART	lio	700 [/]
CERTIFICATION	a. DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIÓ	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTI	S, WERE FIN FYING CAUS ES []		EATH?
N S	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	Ρ	M. MONTH D M.	AY YEAR		OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART	2)	
	INJURY OCCURI	TILE [	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC )	21f. LOCATION STREET		City O	RIOWN	COUNTY	,	STATE
	sow the deceose obove, (1) (200)	ed olive on_	MARIN	6 19		d that in (my) (2004)	opinion de	eoth occurred on the	e date and hou		the couses	-
	26. SIGNATURE	na	. 91	Weller	N	ATTENI PHYSIC		MEDICAL S DIRECTOR PHY	TAFF	- 120 DA	TE SIGNE	87
	PONU	A.	518	VENS	5	7620	40	RK AL	> 100	wool	1/2	12
23e. BUR	Burial	REMOVAL	4-9-19	and the second	ARDENS	S OF Faith		ROSSVI	11e B	altimo	TP	Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

198 - 198 G - 198 The second of the second second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de-retained by the haspital or ottending physician.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

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REG.	NIO			
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			George		7.	Busch	man J	r.	tlpr	il 2,	1707		
	3. SE)	(	4 R	RACE		5. DATE C			6. AGE (IN YEA	RS LAST BIRTHD		IF UNDER I YEAR	
		Male		White		MONTH 9	27	12	74		YRS	MONTHS DATS	HOURS
posts.		RTHPLACE (STATE C	OR FOREIGN 76	CITIZEN OF V	WHAT COUNT	TRY? 8	D XX NEVER	A PRIED []	9 BALTIMOR	CITY OR		OF DEATH	
5		COUNTRY)	Md.	USA	1	WIDOWE		VORCED [	Balt	imore	Cour	ntv	
1	10 CI	TY OR TOWN OF D	EATH 11.			RSING HOME C	OR OTHER INS	TITUTION	120. USUAL OF	CCUPATION	4	126 KIND	
		Baltimo	re 1		nberwe				Prin		YORKING LIF	E) INDUSTRI	
-		AL RESIDENCE (IF NO		ER INSTITUTION		SEFORE ADMISSION)	113d INSIDE C	ITV 1144ITS2	13e.STREET AL		ID CODE		
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50	16.5	Raymond	MIDD	DIE	Buschm		7	anes		WIDDIE		Imho	
T		VAS DECEASED EVE				SECURITY NO.	17 INFORMA		9	ADDRESS	5		
1	()	NO NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	215-05	-7527	Anna F	Busch	nman 1	202 Ca	anber	well F	Rd.
		18 CAUSE OF DEA	ATH (Enter anly a	ne cause per				,					XIMATE IN
	A RES	Canditians, if ar gave rise to i cause (a), sta underlying cau	mmediate iting the use last	Ib) DUE TO, OF	r as a conse r as a conse	EQUENCE OF							
	CATION	gave rise to i	mmediate ting the use last  GNIFICANT CON	DUE TO, OF	R AS A CONSE	EQUENCE OF	- 63		INAL DISEASE	5Y? [2	Ob IF YES	S, WERE FIND	INGS US
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75	CERTIFICATION	gave rise to i cause (a), sta underlying cau PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS C	mmediate titing the titing the use lost SMIFICANT CON	DUE TO, OF	R AS A CONSE	EQUENCE OF	ON WAS PERFO		20a AUTOF	25Y? [2 NO]	706 IF YES	S, WERE FIND YING CAUSE	INGS US
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77	MEDICAL CERTIFICATION	gave rise to i cause (a), sta underlying cau underlying cau.  PART 2 OTHER SI.  19a DATE OF OPER  21a. ACCIDENT WAS ( OR CONTRIBUTING [ (IF EITHER NOTIFY M)  21d. INJURY OCCU.	mmediate ting the tin	DUE TO, OF	R AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR	21c. HOW IN	DRMED IJURY OCCURR	20a AUTOF	NO []	OB IF YES IN CERTIF YES	S, WERE FIND YING CAUSE S D	INGS US
79		gave rise to icause Ial, sta underlying cause Ial, sta underlying cause Ial, sta underlying cause Ial, sta underlying cause Ial, accident was to or contributing [IF EITHER NOTIFY M 21d. INJURY OCCUMHIE NOTIFY M 220.] certify that saw the dece	mmediate training the training tr	DUE TO, OF  Ic)  IODITIONS CO  19b. CONDI  21b. TIME O HOUR A.I P.I  21e PLACE ( (AT HOME STR	ONTRIBUTING  ITION FOR WH  IF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OHI	DAY YEAR  19  FICE, FARM, ETC.)	21c, HOW IN	DRMED IJURY OCCURR	200 AUTOF	NO INJURY I	ZOB IF YES	S, WERE FIND YING CAUSE S TART 1 OR PART 21 COUNTY	INGS US S OF DE NO
79		gave rise to icause Ial, sta underlying cause Ial, sta underlying cause Ial, sta underlying cause Ial, sta underlying cause Ial, accident was to or contributing [IF EITHER NOTIFY M 21d. INJURY OCCUMHIE NOTIFY M 220.] certify that saw the dece	mmediate titing the use lost ON CONTRACTION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  JERRED WHILE CONTRACT OF THE CONTRACT	DUE TO, OF  Ic)  IODITIONS CO  19b. CONDI  21b. TIME O HOUR A.I P.I  21e PLACE ( (AT HOME STR	ONTRIBUTING  ITION FOR WH  IF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OHI	DAY YEAR  19  FICE, FARM, ETC.)	21c HOW IN 21t LOCATE STREE  nd that in (my)	JURY OCCURR  DN  19  apinian a	200 AUTOF YES DED (ENTERNATU	NO INJURY II	206 IF YES N CERTIF YES N ITEM 18 P	S, WERE FIND YING CAUSE S TART 1 OR PART 21 COUNTY	INGS US S OF DE NO
77		gave rise to i cause (a), sta underlying cau underlying cau.  PART 2 OTHER SI  190 DATE OF OPER  21a. ACCIDENT WAS CONCONTRIBUTING (IF EITHER NOTHY MILE AT WORK AT WORK)  22a. I certify that saw the dece abave, (I) tow	mmediate titing the use last ON GNIFICANT CON GRATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER DOORK (1) (the Mospital) ased glive an full control of the mospital of the mos	DUE TO, OF  Ic)  IODITIONS CO  19b. CONDI  21b. TIME O HOUR A.I P.I  21e PLACE ( (AT HOME STR	ONTRIBUTING  ITION FOR WH  IF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OHI	DAY YEAR  19  FICE, FARM, ETC.)	21c HOW IN 21c LOCATION SIRES  and that in (my)  DEGREE	JURY OCCURR  DN  19  apinian a	200 AUTOF YES DED (ENTERNATU	NO INJURY II	206 IF YES N CERTIF YES N ITEM 18 P	county	INGS US S OF DE NO

DHMH - 16 60M 7/84

FOR STATE

(VRA 15, 4)

BP.

Standard Townstown San Townstown 2, 1257 4/10 The same of the sa

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

18 shaws any injury, ar other

IMPORTANT: If Item 21 is morked or Item

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O REG.	10. 9	1	6
E OF DEATH		0.434	10000

18	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF	DEASH /	IENE	OREG. N	0. 9	1	6			
	CEASED NAME	FIRST	/	MIODLE	l == l	AST		2a DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOUR		
		EMMA		MARIE	В	UTLER				04	02	87	5:05a		
3. SE	Female		4. RACE Whit	e	5 DATE C		26°,¶898		89	YRS	MONTHS	DATS	HOURS M		
To. B	INTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER	MARRIED -	9 BALTIM	ORE CITY C	R COUN	TY OF D	EATH			
	Maryland		USA		WIDOWE	_	NORCED [	BAL	TIMORE	COU	NTY				
	TOWSON		GBMC-6	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, TO 1 N. CH	ARLES		NOITUTITE		OCCUPAT ORK FOR MOST O DEMAKE		S LIFE   12b	126 KIND OF BUSINESS OF			
13a	AL RESIDENCE (IFNI STATE Maryland	136 COUN Balt	timore	13t. CITY OR TOW Baltime		YES 🗌	CITY LIMITS?		ADDRESS Dumb	/ ZIP CO	n Rd	. 2	1212		
	Charles					1	's maiden nam Elenora	Louis		-		LAS	ī		
16a. \	WAS DECEASED EVI (YES, NO OR UNKNOWN) NO	ER IN U.S. AR	MED FORCES? /E WAR OR DATES)	220-07-		Carol	M. Sayl		25 ADU altim			21	212		
NC	Conditions, if or gove rise to i couse (a), sto underlying cou	immediate iting the use last.	(b)	PULMONA  R AS A CONSEQUE  COLON C  DISTRIBUTING TO E	RY MA NCE OF ARCIN	OMA	D TO THE TERM	IN AL DISEA	SE OR CON	IDITION (	GIVEN IN	PART 10	0.		
CERTIFICATION	190 DATE OF OPER	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUT	NO	IN CER	YES, WER	E FINDIN CAUSES	NGS USED OF DEATH?		
	210 ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW I	NJURY OCCURR			1		R PART 2)			
MEDICAL	WHILE NOT AT WORK	WHILE	21e PLACE ( (AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F		211 LOCAT	eT	ek(a)	CITY OR TO		C	OUNTY	STATE		
	22a I certify that sow the dece above, (I) (we 22b. SIGNATURE		tol) ottended the 04/(				, 19 <u>87</u> () (our) opinion o	, to death occurr	04/0 red on the d				that (I) (we) causes stated SIGNED		
	22d. PHYSICIAN'S		U, M.I	> .		22e ADDRE		MEDICAL DIRECTO	R PHYSIC						
	P. P	HILLIP	S, M.D.			GBMC-	6701 N.			7.					
23a.	BURIAL, CREMATION C'EMATION		23b. DATE 4/3/87			enmoun		Ba]	timor						
24 F	UNERAL DIRECTOR NAME itchell-W	iedefe	ld Home,	Inc. B	6500 ; 1to.,	York R Md.21	212 APR	E REC'D. BY	REGISTRAR 987	esh. REG	STRAR'S Diotida	SIGNAT	UR		

To the same of the to

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital ar attending physician. FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	0.1	REGISTRAR				CERTIF	ICATE OF DE	ATH/	RI	EG, NO.	, •	
*****		CEASED NAME	FIRST		MIDDLE	t	AST		20 DATE OF DEA		DAY YEAR	2b HOUR
		- OKPKINI)	Kennet	h Wi	lliam	CAMPB	FII Sr		April 3	3. 1987		2:45Pm
	3. SE	Male		4. RACE Wh	ite	Jul	DAY	2 O YEAR	6 AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
56	70. BI	RTHPLACE (STATE COUNTRY) Maryla	or foreign and	TB. CITIZEN OF		MARRIE WIDOWE	D NEVER MA	RRIED -	Baltimore o	ITY OR COUN	TY OF DEATH	MD.
Tourse 1	10. CI	Rossvill	e.e	Fran	Klin	Square	Hospit	al	12a USUAL OCC	UPATION	12b. KIND C	Governm
ner must be	130 9	AL RESIDENCE IF NO STATE Md ATHER'S NAME	13b. COUN		13c. CITY OR		13d. INSIDE CITY YES NOTHER'S A	© <b>★</b> ★	13e STREET ADDI			21220
		Villiam		K -	Com	pbell	FIR	ST		DDLE	NA 2 - 1	ST TILL
medical	16a V	VAS DECEASED EVI	R IN U.S. AR			SECURITY NO.	Anna 17 INFORMAN ClaraC			ADDRESS 4Greer	Michae bankRd	
nt, the		18 CAUSE OF DEA	ATH (Enter on	y ane couse per	r line far (o), (b	, and (c).)					APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
fic eve				E CAUSE (o)			ry arres	t, Pne	eumonia			
rauma		Canditions, if or		DUE TO, O	R AS A CONSI	EQUENCE OF					Gmil	
r other t	1	gave rise to in couse (a), sta underlying cou	ting the	DUE TO, O	R AS A CONSE	EQUENCE OF						
njury, o	Z	PART 2 OTHER SI	GNIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	o
Sony Sony	CERTIFICATION	190 DATE OF OPER	PATION	19b. COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORA	AED	20a AUTOPSY	INCER	YES, WERE FINDING TIFYING CAUSES	NGS USED OF DEATH?
lem 18 sh		210. ACCIDENT WAS U	CAUSE OF DEA			DAY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER NATURE C	OF INJURY IN ITEM I	8 PART I OR PART 2)	
rked or l	MEDICAL	21d. INJURY OCCU	WHILE D		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC )	211. LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
21 is ma		22a. I certify that		ol) ottended the			16 and that in (My) (or	19_ <b>87</b> ur) apinian d	, toApri eath accurred an	1-3 the date and h	. 19 <u>87</u> . our ond from the	tho <b>X</b> (1) (we) lost
IMPORTANT: If Item		22b. SIGNATURE	Cyri	this	A	Pont		ENDING YSICIAN []	MEDICAL DIRECTOR   P	STAFF HYSICIAN [7	/ 22c. DATE	3-87
RIAN		22d. PHYSICIAN'S					22e ADDRESS					0.07
IMPO	20. 0			Powers,					in Squar		e 21237	
341		BURIAL, CREMATION SPECIFY)	ial	23b DATE			EMETERY OR CRI		23d. LOCATION	WN	COUNTY	STATE
	24 FL	JNERAL DIRECTOR	Tal	4/6/	0/	HOTTA	HILLCen	letery 125g DATE	Middl REC'D. BY REGIS	ERIVEY	Balto	Md
7/84	Co	onnellyF	unera	lHome	300Ma	ceAve.	21221	APF		7 Julia	Dender !	Condath

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bythe funeral director, page 3 should be detached for use as the building the min 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

4/10 THE FAME THAT SEE the funeral directar, page 3 d within 72 hours ofter death

nding physicion and carbonpopers. Page

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	-		. ,
0	REG. NO.	4	3
	REG. NO.		

	REGISTRAR		CERTIFICATE OF DEATH	U REGIN	10. 9	Q	
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(11)		arie L,	Carbaugh		03 26	87	11:30am
3 SE	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
0	FEMALE	CAUC.	MAY 21 1937	49	YRS.		HOURS MIN.
7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY			
	PFI	05/4	WIDOWED DIVORCED	Baltimore		•	MD.
10. C	Towson	(IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS) NOTE Medical Center	120 USUAL OCCUPAT	OF WORKING LIFE		OUSELV
	JAL RESIDENCE (IF NURSING HOME STATE 13b, CC	OR OTHER INSTITUTION, GIVE RESIDENCE EDUNTY 13c. CITY OR	EFORE ADMISSION)	13e STREET ADDRESS	ZIP CODE	RO	2115
1	EATHER'S NAME  DA VI	MIDDLE WA	ENEL AN	N/E MIDDLE	BEL	LE LAS	CLING
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 244	OMNYBA	ESSRE	J. WE	5minst
_	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b		77.2 -1	~ /3/7		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAU	JSED BY: RENA	L AND HEPATIC FAILUR	E			-6 DAYS
	Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)	STATIC BREAST CA.			4	MONTHS
	underlying couse lost.	(c)					
_	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	0
TION							
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT   OR PART 2}	
CAL	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	19		12/40	nu ab	
MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR IC	NWC	COUNTY	STATE
		spitol) attended the deceased from 03/26	om 01/20 , 19 87	03/26			that (I) (we) last
	obove, (I) (we) (did) (did	not) view the bady after death.	DEGREE	deoni occurred on the d	ore one nour	22c. DATE	
	Reith	autos M	ATTENDING PHYSICIAN	MEDICAL STA		3/21	0/87
	Ruth Kant		22e ADDRESS G.B.M.C.				Telle
73a.	BURIAL CREMATION, REMOVE		73c NAME OF CEMETERY OR CREMATORY	23d. LOCATION		SAL	2011
	Binal	13/29/87	TRINTY LUTHER	PAN TAN	EYTU	COUNTY	STATE
6	PINE PALO	Jule 340 2	Musteau APR	1 6 1987	Mar N	AR'S SIGNAT	URE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate bestshould be detached for use as the burial-training ments with the State Dept. of Health and Mental Hyperines

IAPORTANT: If Hem 21 is marked or Hem 18 in

OR ATTENDING PHYSICIAN THE

TO HOSPITAL

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(VRA 15, 4)

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The state of the s	LANN THUS	april 2				
	APR 1 8 281 H.		WALE .			

#### STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYG	IENE					
CERTIFICATE OF DEATH 8	7	R.Q	NO.902	414	1654	1
LAST	20. DATE OF	DEATH	MONTH	DAY	YEAR	2 b
		00	1007			

20	STATE REGISTRAR				CERTIF	ICATE OF	B HTA3D	7	R.Q	NO.9C2	141476	54		
	CEASED NAME	FIRST		AIDDLE	L	.AST		20. DATE	OF DEATH	MONTH	DAY Y	EAR	26 HOU	R
TITPE		EORGE	Н		CAI	RTER		APRI	L 22,	1987			9:05	5 рм
3. SE)	(	4	RACE		5. DATE C				IN YEARS LAST E		IF UNDER		IF UNDER	
	MALE		BLAC	K	9/7	08 DAY	YEAR	78		YRS		DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY?	8.	- 42.42 > 10.40		9. BALTIA	MORE CITY		TY OF DEA	TH		
	RYLAND	1	U.S.	Α.	WIDOWE	DXX NEVER	NORCED T	BAL	TIMORI	E COU	NTY			MD
ii ci	TY OR TOWN OF DEAT	/	1. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET ORT HOWA!	G HOME ( ADDRESS) RD, M.	OR OTHER INS	TITUTION	12a. USU/	AL OCCUPA VORK FOR MOS	TION	12b. K		BUSINE	-
13a. S MA	ARYLAND	COUNT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13(. CITY OR TOW BALTIMO	N	YESXX	NO [	510	T ADDRESS N ST		DDE R STRE	EET	2122	23
14. FA	THER'S NAME	M	HDDLE	LAST		15. MOTHER	S MAIDEN NA	AME	MIDDLE			LAST		
)	RICHARD			CARTER		W	<b>ILLIANN</b>							
	VAS DECEASED EVER IN		NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADD	RESS				
and the same	YES	WW		214 14	2654	CLIN.	RCDS.	VAMC,	FT. I	HOWAR	D, MD.	21	.052	
	Conditions, if ony, gove rise to imme couse IoI, stoting underlying couse	which ediote	(b)_	CARDIO I  R AS A CONSEQUE CONGESTIV  R AS A CONSEQUE CORONARY	NCE OF VE HEA	ART FAI	LURE							
z	PART 2. OTHER SIGNI				DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISE	ASE OR CO	NOITION	GIVEN IN PA	ART 110		
CERTIFICATION	CARCLI		OF COLO	IN ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AU	UTOPSY?		YES, WERE FRIFYING CA			TH?
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW I	NJURY OCCUR	RRED (ENTE	R NATURE OF IN	JURY IN ITEM	18 PART I OR PA	ART 2)		
MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK	E 🗆	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCAT STREE	T		CITY OR	IOWN	COUP	4TY	s	STATE
	22a.1 certify that (1) (sow the deceased above, (1) (we) (die	d alive on_	4/22	19	3/25 87。	nd that in (my	, 19 <u>.87</u> ) (our) opinion	, to death accu	4/22 urred on the	date and		m the c		
	27b. SIGNATURE	& Dem	1			DEGREE	ATTENDING PHYSICIAN	MEDIC.	AL ST OR PHYS	AFF SICIAN <b>S</b>	220.	L2	2-2	77
	BALA S.			M.D.		VAMC	, FORT	HOWAR	D, 'MAI	RYLAN	D 2105	52		
22. 6	BURIAL, CREMATION, R		23b. DATE	23c. 1										

BP.

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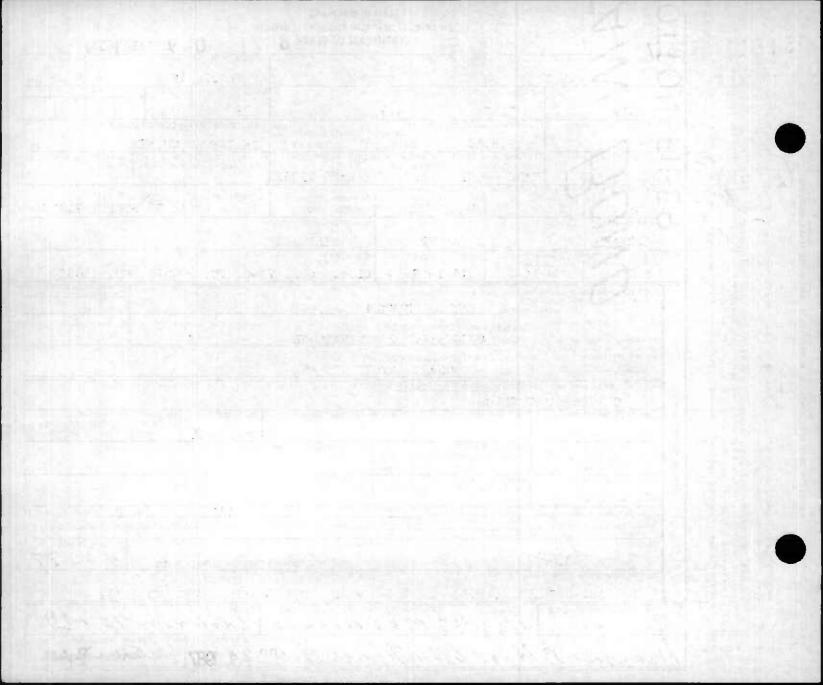
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR when the contricote is should be detached for use on the fluctal triansity with the State Dept. of Health and Mental Hydre IMPORTANT: If them 21 is manked on the 18 and

TO HOSPITAL C#

Manshow Mlayer Capres of R

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
100 24 1987 Filia Buildon Pondise.



# FOR STATE

funeral director, page 3 hig72 hours after death

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11/2	13		0 3	1
11	REG. NO.	13	-	-
W 1	REG NO.	-	Gra .	-

456.7	REGISTRAR					5 1	REG	NO.	G-M	~		
	CEASED NAME FIRST	MIDE	ME	· ·	AST	1 1	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
	Marie	J	ordan		Carter			04	24	87	6:4	5 ам
3. SE	X	4. RACE		5. DATE C			AGE (IN YEARS LAS	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
	Female	White		Sept	.6, 1916	EAR	70	YRS		DAIS	HOURS	min.
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.	D NEVER MARR	ED G	BALTIMORE CIT	OR COUN	TY OF D	EATH		
	Maryland	USA		WIDOWE	D DNORC	ED X	Baltimo					MD.
10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTI	ION	12a USUAL OCCUP	ST OF WORKING	HIEEL IN	L KIND O	F BUSINI	ESS OR
	owson	Greater			dical Cent	ter	Mariott	Corp.	Cash	ier		
13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Bal		e residence before c. CITY OR TOW Dunda	'N	13d. INSIDE CITY LI	711	30.STREET ADDRES			urt	2122	22
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	DEN NAM	E MIDDLI			LAS		
	Charles	C.	Jordan		Mary	•	W		Go	tch		
	WAS DECEASED EVER IN U.S. AR		OCIAL SECU	IRITY NO.	17. INFORMANT		AD	DRESS				
(	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			Mr. Jord	an L.	Carter	Same				
	18 CAUSE OF DEATH (Enter or	nly one couse per line	for (a), (b), on	d (c).)						APPROXI	MATE INTE	RVAL
	PART I. DEATH WAS CAUSE	E CALISE (a) Ca	rdiores	pirate	ory Arrest	t						
	THE		S A CONSEQUE			COL						
	Conditions, if any, which		patoren		ilure							
	gove rise to immediate couse (a), stating the		S A CONSEQUE									
	underlying cause lost.		arian C									
	PART 2. OTHER SIGNIFICANT O				NOT RELATED TO T	HE TERMIN	AL DISEASE OR CO	ONDITION C	SIVEN IN	PART 110		
CERTIFICATION												
N S	190. DATE OF OPERATION	19b. CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?			E FINDIN CAUSES		
E							YES NO		YES	CAUSES	NO [	
1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		AV VEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM I	8 PART I O	RPART 2)		
¥	OR CONTRIBUTING CAUSE OF DEA	AIR	MONTH DI	AY YEAR								
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF			21f. LOCATION		CITYO	RIOWN		DUNTY		STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, F	ARM ETC )	SINCEI		CIITO	RIOWN		301411		IMIE
	22a.1 certify that (I) (this hospi	ital) attended the d	eceased from_		, 19		, to		. 19		thot (I) (	we) lost
	sow the deceased alive on	All of the best of the	19_	, or	nd that in (my) (our)	opinian de	eath occurred on the	e date and h	our ond	from the	couses st	oted
100	obove, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body off	er death.		DEGREE				2	2c. DATE	SIGNED	
	Elisabeth	k. Weg	5		ATTEN	IDING	MEDICAL S	TAFF	-	4/3	24/3	37
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	iciair 📋		01011119	- 5.0			
	Elisabeth K.	lucas M D			G.B.M.							
	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREM		23d LOCATION					
	(SPECIFY) Burial	Apr. 27,	2000	Parkwo			Baltim		COU			STATE
24 F	UNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTR			SIGNA		
	Leonard J. Ruc	ck Inc. Ba	altimore	e, Mar	ryland	APR	27 1987	June	Andrig	301-I	allang	-

DHMH - 16 60M 7/B4

(VRA 15, 4)

etained by the hospital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove corbampapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

	ater, a.			Female
	Sales and			bunlymit
Parlint Corp. Ophice				
1912 Penni Const toll 1972		streham?	.oJ Isl	, nic
index	yearl	mabaot.	.0	n famili
Carter Sade	. I melical . all			
	Control of the Control			

y the funeral director, page 3 ed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	9	4	2
-	REG. NO.		

1	2	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. NO.		
ı		CEASED NAME FIRST E	MMA	C.		AST CARTHRON	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	(TIPE	EMMA		C.	CA	RTHRON	4-6	+-87	6:05 PM
ı	3. SE>		4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Female	White		MONTH	1600	49	MONTHS DAYS	HOURS MIN.
	7a. BII			WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY	OF DEATH	
	C	OUNTRY)	U.S.A			D NEVER MARRIED	Baltimore Coun	tv	
d		rginia TY OR TOWN OF DEATH			WIDOWE G HOME C	DR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
7			(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY	
		WSON AL RESIDENCE (IF NURSING HOME OR		oseph's H		car	Homemaker .	Own F	iome
	13a. S	TATE 136 COUN	ITY	13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
4		ryland Balti	more	Towson		YES NO X	801 Shaw Ct.	2120	)4
p.	114. FA	THER'S NAME FIRST	MIDDLE	1AST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAS	ī
	Th	omas		Clark		Geneva		Mock	
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS		
ı	No		E MAKOK DATES!	415-28-5	5703	Doris C. Fa	arley - same as #	13e	
1	-	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	1(c).)			APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
1		PART 1. DEATH WAS CAUSED	DBY:	CHAN	DEAG	as martage	tent.	acrive Live	JASE I MAD DEMI
1		IMMEDIAI	E CAUSE (a)	<u> </u>	1	9			
١	2.0	Candidan II	DUE TO, O	R AS A CONSEQUE	NCE OF	Braus aula	+ and Roat.		
1		Conditions, if any, which gave rise to immediate	(b)	Ora	307	G & Volume	A according.		
ı		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF				
1			( (c)						
1	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART TIE	\$
H	CERTIFICATION	19a. DATE OF OPERATION	TION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDIN	ICS LISED
١	FIC	4-1-47.	40	2011	T	THE THE PASTERIOR MED	IN CERTIF	YING CAUSES	OF DEATH?
-	RTI	A ACCIDENT WAS UNDERLYING	1 21b. TIME O	EINIUN O	per l	esterny	YES NOW YE		NO [
1		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TB P	ART 1 OR PART 21	
1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.		19	0.00			
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	<	AT WORK AT WORK							
		22a 1 certify that (1) (this haspit	tal) attended th	e deceased from	3 -	-31 ,19 87	10 11 - 4-	19 87	that (1) (we) last
		sow the deceased alive on above, (1) (we) (did) (did not	t) view the hady	ntter denth	<b>77</b> , or	nd that in (my) (our) opinion o	death accurred on the date and hou	r and from the	couses stated
		276. SIGNATURE	/ View tile body	oner degin.		DEGREE		22c. DATE	SIGNED
1		Coafe	-	7		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-	4-87.
٦		224. PHYSICIAN'S NAME (TYPE OF	R PRINTI ROF	BERT BA	VT m		J DIRECTOR E THISICIAN E		
1		ARMANDO		EAL my					
+	730 B	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		
	Bı	SPECETY) Irial	4-7-87			Valley	CITY OR TOWN	Balto	., Md.
	24 FI	INFRAL DIRECTOR			1000	171 70 7 250 DATE	Cockeysville, E REC'D. BY REGISTRAR 25% REGIST		
		ack Towson Fune	1	ADDRESS	LU5U	York Rd. 250 DAIL , Md. 21204 APR	F 4007 / 4 8	- A	
	Ru	ick Towson Funer	ral Home	e, Inc. To	JWSOII	, Mu. 21 204 APR	190/ Hulia D	cording. Re	adult.

DHMH - 16 60M 7/B4

IMPORTANT: If Hem 21 is morked of Hem 18 than ony injury, or other troumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottenbli should be detached for use as the burial-transit permit. Then please remove cache with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

BP.

retained by the hospital or attending physician.

FOR STATE

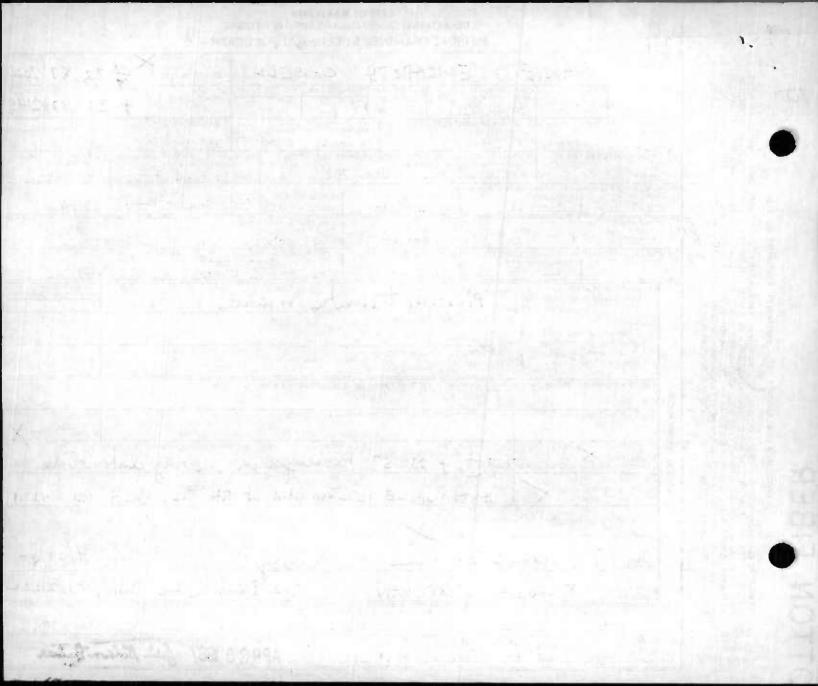
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## STATE OF MARYLAND

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	7	REG. N	10.	64
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_		OR			0	EPARTM	ENT OF H	EALTH	AND ME	ENTAL HY	GIENE	0	0 0	2		
APR		STATE REGISTRAR			MED	DICAL E	XAMINI	ER'S C	ERTIFIE	ATE OF	DEATH	A RE	G. NO.	64		
	I. DEC	EASED NAME		FIRST	,	WIDDLE			LAST		2a. D/	ATE KNOW	INOM ONT	H DAY Y	AR 2	b. HOUR
28 52 52 E	TYPE	OR PRINT)	104	INNE	· .	エレノス	ABET	H	CAS	SELL		OF ESTI	0 0 4	1 22 108	7	2020
REGIE	3. SEX		4. RACE		DATE OF BIRTH	-	. AGE (IN YEAR	RS IF UN	DER T YR.	IF UNDER 24		ATE	MON	DAY		2d. HOUR
NZGREG	Fe	emale	Whit		7-29-193	YEAR 7	49 YRS		S DAYS	HOURS /		DEAD	4	23 .8	7	2145
IECESSARY, JUERAL DIR FOR YOUR WITHIN 72 PRESTON	7a BIF	THPLACE (5)		_	CITIZEN OF WH						9 BA	LTIMORE	ITY OR COU	NTY OF DEAT	н	W
SHAN FERT	FOR	EIGN COUNTRY)						WIDOW	-	VER MARRIED		1 4 4		. 4		
1 - 10 > mail		ryland	OF DEATH	- 11.	NAME OF HOSE	PITAL NURS	SING HOME				1 200		re Cou	12b KIND C	F BUSI	MD.
AAY IS AGE (				1	(IF NOT IN SUCH FACE Eastern	CILITY, GIVE STR	EET ADDRESS)				FOR MOST O	F WORKING LIF	E)	OR INC	USTRY	
Jack Res		LRESIDENCE	IF IN NURSING		HER INSTITUTION, GIV				02		Regist	erea	Nurse	Priv	ate	
4985856	13e ST	ATE	V 136	COUNTY		13c. CITY C	OR TOWN		13d. INSIDE CI	TY LIMITS? 1	6602 S	DDRESS	Drive	21784		
		ryland	CV	Carro	7.7	Туке	sville	2		R'S MAIDEN		unset	DIIVE	2170	_	
E-208) 10	D FA	FIRST		M	DDLE		AST		FI	IRST		MIDDLE		LAST		
20 × 40 0	16 - 24	Harry AS DECEASED	S EVER INTE	LC ADMED	FORCESS		elter	NO	EI 17. INFORM	izabet		A		nstruth		
AFTER IVE PA H FOR AGES 1 ISION		S. NO, OR UNKNO		ES, GIVE WAR						Syk	esvill	9	FID	2178		
PAGIN	No						26-767	9	Mr.	Kurt A	. Cass	ell	6602 S	unset I		
ZY W. 18. E. DI		18 CAUSE O	F DEATH (Er ATH WAS C	nter only or	ne cause per ling	for (p) (b),	and (c)		L					BETWEEN	MATE IN	ND DEATH
AL AL.	>	0191		MEDIATE C	AUSE (a)	LLI 1/3	a m	wmo	uk	mju	ru.	2.00				
NOW HAY		8		. Lock	DUE TO, OR	AS A CONS	SEQUENCE O	)F		0						
A NER LE			is, if any, e ta imm		(b)											
A WE ZO		cause (a) lying cou	stating the se lost.	under-	DUE TO, OR	AS A CONS	EQUENCE O	F								
Z Z Z Z Z Z					(c)											
A A S S A A A		PART 2 OTHER SI	GNIFICANT CON	OITIONS CONT	RIBUTING TO DEATH I	BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE	DR CONOITION	GIVEN IN PART	1 (a).					
BE ENDING WEDICA AS A 8 ALTH A CREWA	MEDICAL CERTIFICATION															
SED AS	CAI	19a DATE OF	OPERATIO	N	196 CONDIT	ION FOR W	HICH OPERA	ATION W.	AS PERFOR	MED?				20. AUTO	PSY?	
X 8 2 2 5 3	TIF													YES		NO X
ATE SHE SHE SHE SHE SHE SHE SHE SHE SHE SH	CE	21a EXTERNA		VAS	21b. TIME OF HOUR A.M	MONTH !	DAY YEAR	21c. HC	W INJURY	OCCURRED	LENTER NATURE	OF INJURY IN I	TEM 18 PART 1 OR	PART 2)	1	
F. COERS	CAI	CONTRIBUTI	NG CAU	SE OF DEA	TH P.M.	7 4	63 19 B		ane	nger 1	un p	WVV	ig cu	romor	الع	
DED 3SF	AED	21d. INJURY C			STREET, FACT	OF INJURY ORY, FARM, ETC	(AT HOME,	21f LOC	CATION	0	L CITY	OR TOWN	0 - 18	COUNTY		STATE
WR. WR. AAGE AAGE		AT WORK	AT WORK		Au	romo	BILE	EN	torn !	stud. c	ut Rte	. 742	, But	, Md.	21	121
R: T NTE, NR: P.				k charge af	the remains desc	ribed obav	e, held an	Autops	v 🔲.	Inspection	. Inc	uiry .	ond in my	apinion	0	
NOT CETS		death result		Notural c		Accident	Suic		Hamic		Undetermine		Π.			
CERTIFICATION OF BUILD B					1.0		4.			PECIFY	01140101111111			11/	- 1	
		ACTUAL	1.C.	10140	m O Vb	nove		M	No	nura	MEDICAL E	YAMINIED	DAT	E T	23/	87
AEDICAL CUTE THE E 4 SHC UNERA R DEATH IMORE,		JOHA ONE.							0	1 0,	- MEDICALL		2 1	1 4		
PER DIA PER DI		EXAMINER'S (TYPE OR PRI	NAME J	. CRO	SSAN C	NOCT ,C	IOVAN		ADDRESS '	2112 1	Dunda	IK An	c. Bul	to, Md	21.	222
EXECUTION MEINS PAGE AFTER IN	23a Bl	JRIAL CREMA					AME OF CEM		R CREMATO	ORY	23d. LOCATIO	NC		DUNTY		
RP	(5	Bur	ial	4-	28-87	La	ke Vie	w Me	m. Pa:	rk	Syke	svill		rroll	MD	
DHMH - 17	24 FL	NERAL DIREC	TOR Lot	ring	Byers Fu	neral	Direc	tors	,Inc.	25e. DATE RE		STRAR 25b	RECHETALD	SIGNATURE	3-	-
(VR A15 ME (5))	87	28 Lib	erty E	Road	Randall	stown	, MD.	211	33	APF	2819	81 8	ulia De	don be		<b>)</b> . 3



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death. Page

director, page 3

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	REG.NO.	3	la	3

3.	FOR STATE PREGISTRAR			DEPART		EALTH AND MENTAL I	HYGIE	NE 0.9.	9	2	3	
1 DF	CEASED NAME	FIRST		MIDDLE	L	AST	2	a DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	E OR PRINT)	Elise	5	Stewart	C	assidy	1	or bertief	4	1	87	10:40A
3. SE	Х	4.1	RACE		5. DATE C		6.	AGE (IN YEARS LAST BIRT	HDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS
	F Femal			White	MONTH 3	3 1890		91	L YRS	5.		HOURS MIN.
	THPLACE (STATE OF	FOREIGN 7b.		WHAT COUNTRY	? 8	D NEVER MARRIED	X 9.	BALTIMORE CITY OF	R COUP	ITY OF D	DEATH	
	Maryland		U.S.A		WIDOWE			Baltimore	Cou	nty		MD
3	TOWSON		Stell	HEACILITY, GIVE STREE	Hospi	OR OTHER INSTITUTION		Organist		G LIFE) 12	kind o	of Business or
13a.: Ma	AL RESIDENCE (IF NURS STATE ryland	106 COUNTY	ER INSTITUTION	13c CITY OR TOV Baltim	MN	13d. Inside City Limits Yes 🖔 NO 🗌		701 Cathe			. 212	201
IL FA	ATHER'S NAME	MIDI	DIE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE			LAS	T
1	Frank	В.	766	Cassid	У	Estelle		I.			Stewa	
	WAS DECEASED EVER			16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS			
-	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	218-44-	5323	J.R.Tippett	t Jr	. 7 St. Pa	ul S	St.	21202	2
	18 CAUSE OF DEAT	H (Enter anly a	ine cause per	line far (a), (b), a	nd (c).1						BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED B		course	stev	e heart	- He	alune				hours
N.	PART 2. OTHER SIGN		(c) NDITIONS <u>C</u>	ather	O SCL	Levotic Co	TERMIN	AL DISEASE OR CONE	PITION	GIVEN IN	ARA III	0'
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?				NGS USED OF DEATH?
E								YES NO	1111	YES [	CAUSES	NO [
	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH			DAY YEAR	21c. HOW INJURY OC	CURRED	ENTER NATURE OF INJUR	Y IN ITEM	18 PAR1 I (	OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE [	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET		CITY OR TO	NN		COUNTY	STATE
	22a I certify that (1)	(this hospital)	attended th	ne deceased from				_, ta		_, 19		that (1) (we) last
	sow the deceas above, (I) (we) (	ed alive on	iew the bady	after death	, as	nd that in (my) (our) opin	nian de	oth occurred on the do	te and l	hour and	from the	couses stated
	226. SIGNATURE	lak	1. a	lefa	ude	DEGREE ATTENDIN	NG	MEDICAL STAF	FIAND		22c. DATE	SIGNED
	22d PHYSICIAN'S N	AME (TYPE OR PR	INT)			22e ADDRESS					4-1-	Te-man
		a S. A	lexand	ler		2300 I	Dula	ney Valley	Roa	ad 2:	1204	117.50
230	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO	ORY	23d. LOCATION CITY OF TOWN	HILL	COL	UNTY	Md
	Burial		4-3-8	7	New Ca	thedral		Balto Cit				Md
	UNERAL DIRECTOR			ADDRESS	1.31		_	REC'D. BY REGISTRAR	25h REG	STRAR"	Pricha	The same of the sa
Mi	tchell-Wie	edefeld	6500	York Roa	id 2121	12 A	PR	1 1201 9				

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

retained by the hospital or

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WPORTANT: If Hem 21 is morked or Hem 18 shows

(VRA 15, 4)

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TO BIRTHPLACE ISTATE OF FOREIGN

West Virginia

Consul

Maryland

14. FATHER'S NAME

No

CERTIFICATION

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H Hem

MPORTANT

DHMH - 16 50M 4/83

(VRA 15, 4)

FIRST

4 RACE

Balto.

MIDDLE

IMMEDIATE CAUSE IQ

STEPHEN

1. DECEASED NAME

TYPE OR PRINT

3. SEX

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATES MIDDLE 20. DATE OF DEATH MONTH 26 HOUR VICTOR CASTELLO 4 12 87 2:00 IF UNDER LYFAR 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY 16 16 CAUCASIAN 70 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A BALTIMORE COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Int. Decorator UCHEACULTY, GIVE STREET ADDRESS) MCDowe II Lane Self USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 3846 McDowell 13d INSIDECITY LIMITS? 21227 Lane 15 MOTHER'S MAIDEN NAME LAST UNKNOWN UNKNOWN 17 INFORMANT Baltimore, Maryland 21227 Rillie L.Castello 3846 McDowell Lane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 235 14 8602 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20a AUTOPSY 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c HOW INJURY OCCURRED 21a. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from saw the deceased alive an obave, (I) (we) (did) (did not view the body after death and that in (my) (our) apinian death occurred an the date and hour and from the causes stated DEGREE MEDICAL ATTENDINGN

230 BURIAL, CREMATION, REMOVAL BURIAL 4/14/87

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Park

77e ADDRESS

PHYSICIAN

Glen Burnie

DIRECTOR PHYSICIAN

24. FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md. 21061 250. DATOR D 1844 1987 256. REGISTRATES SIGNATURE LALL

SECTION SECTIONS --- T---T 

ATTEMPT OF THE SECOND STATE OF THE SECOND STAT

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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OF	HEAL	TH AND	MENTAL	HYGIEN
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$\cap$	REG. NO.	13	La	200
U	REG. NO.	4	direct	-

	in /	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	IENE O REG. 2	092	5
		CEASED NAME MARY	i SSA	MIDDLE CONCES	SA AVAN	CAVANAGH	2e. DATE OF DEATH	MONTH DAY	87 8:54 M
	3. SE)	Female	4. RACE	White	5. DATE O		6 AGE IN YEARS LAST BE	YRS	IDER I YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN ONN .	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE		9. BALTIMORE CITY OF	7	
100	Ta	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A  57  05  69  69  60  60  60  60  60  60  60  60					12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE) IN	kind of Business or NDUSTRY ducation
1 3 6	130. S Ma		other institution ity imore	Baltime	N	13d. INSIDE CITY LIMITS? YES NO 🛣			es St. 21212
2	A. FA	THER'S NAME Patrick	MIDDLE	Cavan	0	15. MOTHER'S MAIDEN NA/ Catherine	E WIDDIE		Larkin
2		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16h. SOCIAL SECU 217-78-5		17 INFORMANT	ADDR		21 21 2
		No 217-78-5477A Sr. M. Angelina Catina SSND 64  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)						APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH	
		Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	(b)	R AS A CONSEQUE	A ENCE OF	PCUD	IN AL DISEASE OR CON	IDITION GIVEN II	years N PART I to
	MEDICAL CERTIFICATION	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO			n was performed	200 AUTOPSY? YES NO		ERE FINDINGS USED G CAUSES OF DEATH?	
	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART I	OR PART 2)
	MEDI	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OF TO	NWC	COUNTY STATE
		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (web/did) (did no	13 A-QU	Il 19 8		d that in (my) (our) opinion	deoth occurred on the d	late and hour and	
		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1222 DATE SIGNED  1226 DATE SIGNED  1276 DATE SIGNED							
		22d PHYSICIAN'S NAME (TYPE OF	-	DAS W	UD .		OUT ADAM K	D 000	Rajville MD
	23a B	BURIAL, CREMATION, REMOVAL SPECIEV) Burial	23b. DATE 4-16-		illa l	EMETERY OR CREMATORY Maria	Glen Arm	Baltimon	re Maryland
		uneral director cchell-Wiedefel	d Home	6500 York	Road		R 1 4 1987		S SIGNATURE

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The state of the s

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physician.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Q 9 REG. NO.	5	(files	0

	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYGICATE OF DEAT	IENE Q 9	2 6
1	1. DECEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
-	(YVE OR PRINT) Paul	Joseph Chan	iev		April 10, 198	7
	3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	Caucasian	8 MONTH	11 11	75 YR	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
١	Maryland	United Sta	tes WIDOWE	D DIVORCED	Baltimore C	county MD.
)	10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF 3624 Old Mil	NURSING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKIN  Church Decora	12b. KIND OF BUSINESS OR INDUSTRY ROBERT J.
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COUI	ROTHER INSTITUTION, GIVE RESIDEN NTY 13c. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES \( \text{NO \( \text{X} \)		ODE ord Mill Rd. 21207
7	14 FATHER'S NAME PIRST Carroll	Edward C	haney Sr	1161100	Grace	Fisher
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GIV	VE WAR OR DATES!	05-3567	17 INFORMANT Mrs. 3624 Old Milf	Alma Mary Chan ord Mill Rd.	ey 21207 Baltimore, MD.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A COL	NSEQUENCE OF	Ht. Ors.	ease Frusco	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  15 455  25 4753
		CONDITIONS <u>CONTRIBUTI</u>		0'	IN AL DISEASE OR CONDITION	GIVEN IN PART 110
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Service Market M	00 000 000 000 000 000 000	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	OK CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		7000	19, or		eoth occurred on the date and	19 <u>S</u> 7 that (It (we) lost hour and from the causes stated
	22b. SIGNATURE	Jourst	Theu		MEDICAL STAFF	22c. DATE SIGNED
	224. PHYSICIAN'S NAME (TYPES	PRINT)		22e. ADDRESS		
	Dr. Jonas Col	hen		6702 Par	k Heights Aven	ue
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	4/13/87		Ridge Cemetery		Baltimore MD.
	24 FUNERAL DIRECTOR Loring	Byers Funera	l Directo	ors, Inc. 25e. DATI	REC'D. BY REGISTRAR 256 REG	SISTRAR'S SICHATURE
	8728 Liberty Road	d Randallsto	wn, MD.	21133   AP	R 10198/ Hulia	Durdern-Kendalis

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicior should be detached for use as the burial transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

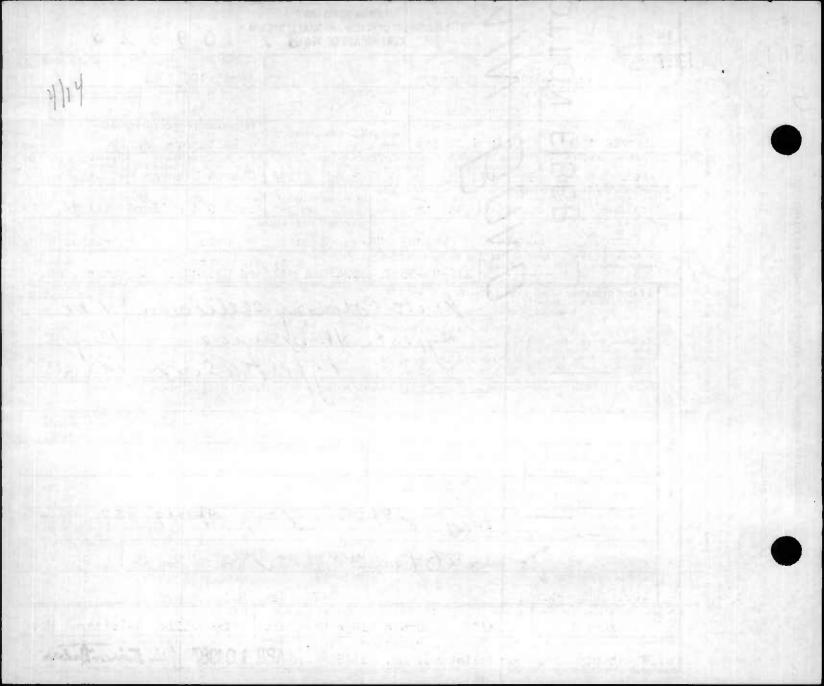
Meurs ofter death

medical

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows any

within 24 hours after death. Page 4 may be



completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours ofter death

Pages 1 puo

mass be notified as and

may

FOR STATE

REGISTRAR

#### STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

CERTIFICATE OF DEATH

0 REG9NO. 9 2 /

	CEASED NAME FIRST	н.	IDDLE		avin	April 9,		DAY YEAR	26 HOUR OF N
3. SE	emale	4. RACE White		Sept	FBIRTH cember 15% 19	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
S	SIRTHPLACE (STATE OR FOREIGN	U.S.A.		WIDOWE		I Ball I IIIO LE	OR COUNT	OF DEATH	MD
C	atonsville	21 Fust	ing Aven	ue	R OTHER INSTITUTION	Hödsewife		126 KIND O	ome
13 M	DATE 136		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	'Z FIRE LANDIES	y Aved	21	228
14. FA	ATHER'S NAME 1. 0. Holliday	, MIDDLE	£AST.			known		បក់វិ	known
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	229-76-		John Chauv	in Jr. 4		tshire	Dr.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per : ED BY. TE CAUSE (0)	line for (e) (b) one	dies i	GONIC OBST	RUCTIVE		BE) WEEN (	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT HYPOLTO  19a DATE OF OPERATION	NSION			NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YE	S, WERE FINDIN	NGS USED
2.8	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU				110
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) this hasp		et, factory, office, f	3	25 8519	CITY OR	DEAT	COUNTY	STATE that (i) (we) lost
	sow the deceased olive of obove. (1) two) (did (did no 22b. SIGNATURE)	D. Kul	offer death		d that in limy (our) opinio		AFF	224 DATE	
	22d. PHYSICIAN'S NAME (TYPE Dr. Albin Kuh			-	22e ADDRESS	Heights Ave		1timore	MD.
В	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/13/	'87 L	akevi	ew Cemetery	Sykesvi	lle, M	COUNTY	STATE
	EROYDIM CTO& RUSSE 630 EDMONDSON A		ADDRESS			PR 1 4 1987		Tran's SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-training armin. Then powith the State Dept. of Health and Mental Hygiens, prior to bur TO FUNERAL DIRECTOR: After this certificate has been

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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT.

CERTIFICATE OF DEATI

B B HYG	1 QEG. NO 9	28	
	April 19, 1987	Y YEAR	2b HOUR M
AR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
D	9 BALTIMORE CITY OR COUNTY OF Baltimore Co		MD.
N	120 USUAL OCCUPATION (TYPE BOOKKEEPER MOST OF WORKING LIFE)	126 KIND O	F BUSINESS OR
UIS?	13e.STREETOPOPESS 177 feetd	Manor	Dr. 212
neri		LAS'	UZE
ra,	Husband Same		
		BETWEEN C	MATE INTERVAL DISSET AND DEATH
Me			tie
A P	( INAL DISEASE OR CONDITION GIVE	LIN PART 1	
ETERM			
	200 AUTOPSY? 20b, IF YES, YES NO CERTIFY YES	WERE FINDIN ING CAUSES	OF DEATH?
OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
1	CITY OR TOWN	COUNTY	STATE
81		57	that (I) (we) last

- STATE REGISTRAR . DECEASED NAME FIRST Dorothy Katherine Chmura 3. SEX 4 RACE 5. DATE OF BIRTH July 4. 1930 " Female White 10. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIE Baltimore, Md. USA WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Franklin Sq. Hospital Rossville 21237 UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Parkville 13d INSIDE CITY LIA Maryland YES | NO' FATHER'S NAME 15. MOTHER'S MAIL William R. LAST Katl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YESNO OR LINKNOWN) HEYES GIVE WAR OR DATEST 218 26 8357 Ted Chmu 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC ) STREET AT WORK NOT WHILE 22a I certify that (1) this haspital) attended the deceased from 3/18/87 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) we) (did) (aid no) view the body after death DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME CAPE OF PRIN 22e ADDRESS 23c NAME OF CEMETERY OF CREMATORY Green Mount Crematory 23a\_BURIAL CREMATION, REMOVAL 23d LOCATION Cremation Baltimore, Md. OUNTY STATE 1407 Old Eastern Ave APR 21 1987 Julia Dendern Par

DHMH - 16 60M 7/84 (VRA 15, 4)

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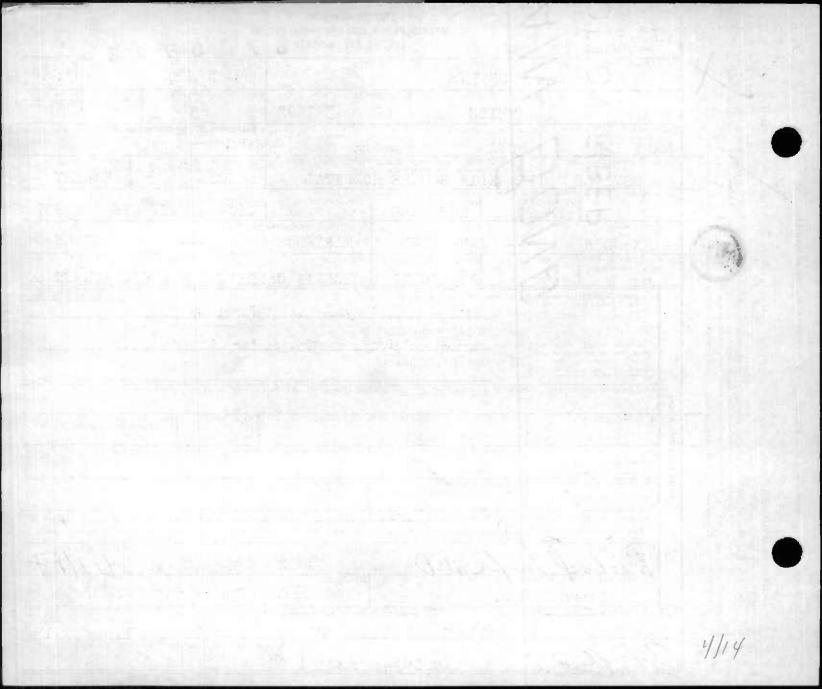
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH &

	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH 8	7 0	0.9	2 1)	
	CEASED NAME OR PRINT) FY	ances	CHRUS	NIAK	- 1	ASI	April 7, 19	монтн 987	DAY YEAR	26 HOUR 11:00
3. SEX		4.	RACE WHIT	יבר	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 H
7a BIR	EMALE RTHPLACE (STATE OR F	OREIGN 7b		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	_		
MA	ARYLAND TY OR TOWN OF DEA	711	USA	HOSPITAL ANIBSHI	WIDOWE	DIVORCED	Baltimore (		_	
F	ROSSVILLE	E	FRANKI	LIN SQUA	RE H	OSPITAL	TYPE OF WORK FOR MOST OF SALES		INDUSTRY BAL	CERY
130. S1	MD	136 COUNTY BAL	Y	13c. CITY OR TOW ROSEDA	N	13d. INSIDE CITY LIMITS?	130 STREET, ADDRESS	ZIP COL	AVE	21237
	THER'S NAME FIRST LEXANDER	MIC	DD1E }	KRUPÍŇSK	I	MARÝÄNNA	ME		Di	ÉARS
	VAS DECEASED EVER (ES. NO OR UNKNOWN)	IN U.S. ARME		2132694		OECELIA GA	ADDRE RRTTY 1 E		212 LDERCI	237 REST C
	18 CAUSE OF DEATH PART I. DEATH W	t (Enter only	ane cause per	12 - 72 - 7		OBOBBETT GE		200		KIMATE INTERVAL
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the lost.	DUE TO, O  (b)  DUE TO, O  (c)	r as a conseque Arteriosc r as a conseque	NCE OF	myocardial i	ular diseas			
FICATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the lost	DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO	R AS A CONSEQUE Arterios  R AS A CONSEQUE  DITRIBUTING TO E	CLE OF NCE OF	3-1-1-1	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	NGS USED
ERTIFICATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	which lediote g the lost.  WEICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO	R AS A CONSEQUE Arterios  R AS A CONSEQUE  DITING TO E  STION FOR WHICH	CLE OF NCE OF	Cic_cardiovaso	INAL DISEASE OR CON  200 AUTOPSY?  YES X NO	20b. IF YE	ES, WERE FIND IFYING CAUSE 'ES []	NGS USED
CERTIFIC	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which dedicted the lost.  IFFICANT COLONIA COL	DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO	R AS A CONSEQUE Arterios C R AS A CONSEQUE DITION FOR WHICH IF INJURY M. MONTH DA	CLE OF NCE OF	cic cardiovaso	INAL DISEASE OR CON  200 AUTOPSY?  YES X NO	20b. IF YE	ES, WERE FIND IFYING CAUSE 'ES []	NGS USED S OF DEATH?
CAL	Conditions, if ony, gove rise to immouse (a), statin underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CO	which hediote g the lost.  IFICANT COLLING  AUSE OF DEATH AL EXAMINER)  ED	DUE TO, O  (c)  DUE TO, O  (c)  NDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE	R AS A CONSEQUE  Arterios  R AS A CONSEQUE  DITION FOR WHICH  IF INJURY  M. MONTH DA  M.	NCE OF CLEATH BUT OPERATIO  Y YEAR 19	Cic_cardiovaso	INAL DISEASE OR CON  200 AUTOPSY?  YES X NO	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE 'ES []	NGS USED S OF DEATH? NO
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MEDICAL	Conditions, if ony, gove rise to imm couse (a), statin underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT  (IF EITHER, NOTIFY MEDIC LINE OF OPERAT OPERAT OF OPERAT OPE	which dedicate go the lost.  INFICANT COLONIA	DUE TO, O  (c)  DUE TO, O  (c)  NDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME, STE	R AS A CONSEQUE  Arterios  R AS A CONSEQUE  DITRIBUTING TO E  ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	NCE OF PLANT BUT OPERATIO  Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURP  211 LOCATION  STREET  19.87  d that in (my) (our) opinion of	INAL DISEASE OR CON  200 AUTOPSY?  YES X NO  RED (ENTER NATURE OF INJUIL  CITY OR TO.	20b. IF YE IN CERT IN TEM 18.	ES, WERE FIND IFYING CAUSE ES  PART 1 OR PART 2)  COUNTY  1987  ur and from the	NGS USED S OF DEATH? NO  STATI
MEDICAL	Conditions, if ony, gove rise to immouse (a), statin underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT  WHILE NOTIFY MEDIC  21a. INJURY OCCURR  WHILE NOTIFY MEDIC  22a. I certify that I saw the decease obove, Parkwel (d)  21b. SIGNATURE	which dedicate go the lost.  INFICANT COLONIA	DUE TO, O  (c)  DUE TO, O  (c)  NDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME, STE	R AS A CONSEQUE  Arterios  R AS A CONSEQUE  DITRIBUTING TO E  ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	NCE OF PLANT BUT OPERATIO  Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURS  211 LOCATION STREET  17. 19.87  and that in (my) (our) opinion of the company of the compa	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAF	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE ES  PART LORPARI 2)  COUNTY  19  22c. DATA	STATE  that (# (we) couses state  Figure 1
WEDICAL 230. BU	Conditions, if ony, gove rise to immouse (a), statin underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT  WHILE NOTIFY MEDIC  21a. INJURY OCCURR  WHILE NOTIFY MEDIC  22a. I certify that I saw the decease obove, Parkwel (d)  21b. SIGNATURE	which redicte go the lost.  WEFLYING AUSE OF DEATH AL EXAMINER)  ED  (this hospital dolive on did) (dollar)	DUE TO, O  (c)  DUE TO, O  (c)  NDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME, STE	R AS A CONSEQUE  Arterios  R AS A CONSEQUE  DITION FOR WHICH  IF INJURY  M. MONTH DA  M. OFFICE FACTORY, OFFICE FACTORY, OFFICE FACTORY  ofter death.	OPERATION  Y YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  217 19 87  Indication (my) (our) opinion of the complete of the	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAF	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE ES  PART LORPARI 2)  COUNTY  19  22c. DATA	STATE  that (# (we) couses stated



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TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	REGISTRAR				CERTIF	FICATE OF DEATH 8		Q.00 Q	0 %	
		CEASED NAME OR PRINT)	VIRGIN		EE	CLA	PPER	20 DATE OF DE	27 / 87		26 HOUR 11:28 MF
	LSEX	female		4 RACE Caucas	sian	5. DATE O	H DAY YEAR	6 AGE (INYEARS	EAST BIRTHDAY)	MONIHS DAYS	
1	(	RTHPLACE (STATE COUNTRY)  Maryland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIN	ORE COL		MD.
1	1	TOWS ON		GBMC-6	701 N. CH	IARLES	S ST.	120 USUAL OCC (TYPE OF WORK FOR HOM)		G LIFE) INDUSTRY	of Business or home
1	13o. S	yland	131 COUN	other institution ity corge 's	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BOWIE		13d INSIDE CITY LIMITS? YES MO			ee Lane	20715
1	u	inknown		MIDDLE	LAST			nown	DDLE	L/	AST
1		VAS DECEASED EY YES, NO OR UNKNOWN NO		MED FORCES? E WAR OR DATES)	224-38-6		Chester R. (	Clapper	12401 Bowie		ee Lane
1	CERTIFICATION	PART 2. OTHER S	ouse lost. SIGNIFICANT C	(c) ONDITIONS <u>C</u>		DEATH BUT	T NOT RELATED TO THE TERM	NINAL DISEASE OF	(? 20b. IF	YES, WERE FIND	INGS USED
1	ERTIFIC	21g. ACCIDENT WAS	LINDERIVING	1 21b. TIME C	DE INTITION		21c. HOW INJURY OCCURI			YES	NO
	MEDICAL CI	OR CONTRIBUTING (IF EITHER, NOT IFY) 21d. INJURY OCC	CAUSE OF DEA	HOUR A P 21e PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET		OF INJURY IN ITEM	COUNTY	STATE
		220 I certify that saw the decabove, (I) (w	t (I) (this haspit eased alive an, e) (did) (did not	tal) attended to	ne deceased from	87	and that in (my) (our) opinion	, 10	127 The date and h		, that (I) (we) last e causes stated
-		226. SIGNATURE	S NAME (TYPE O		er		22e ADDRESS	MEDICAL DIRECTOR		47	27787
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1		uneral director	ral Hom	k klade	Bowie N	mapo.	lis Road 250 DAT	REC'D. BY REGI		ALGERTAR'S SIGNA	

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7 7 7 6 5 113		REGISTRAR			CERTIFICATE OF DEAT	0 /	REG. NO.	0	
• mf	1. DE	GEASED NAME FIRST	MIDDI		LAST	20 D/	ATE OF DEATH MONTH	DAY YEA	2b. HOUR
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ffer p	3. SE	X	4. RACE		5. DATE OF BIRTH	FAR 6. AG	E (IN YEARS LAST BIRTHDAY)	MONTHS DA	
ge 4		Male	White		Nov. 28, 18	94	92 YRS		
p od	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED LI NEVER MARRI	IED 9 BAI	LTIMORE CITY OR COUN	ITY OF DEATH	1
2		VA	USA	A	WIDOWED DIVORCE		Baltimore	County	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOS		G HOME OF OTHER INSTITUTE		SUAL OCCUPATION OF WORK FOR MOST OF WORKING	12b. KIN	D OF BUSINESS
led #	1	Towson	Pickers	gill		E	ngineer		3M
or and and	13a	AL RESIDENCE (IF NURSING HOMESTATE 134, CC	E OR OTHER INSTITUTION, GIVE DUNTY 130	CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIA	MITS? 13e.ST	REET ADDRESS / ZIP CO	DDE	
17			.A. J	Croft			344 Dryden		21114
Und 2 Sel	M4 F	ATHER'S NAME FIRST	MIDDLE	TAST	15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST
b and a second	V-		Clemmittm	Jr.	Margar	et		nmitt	TWO
	160			SOCIAL SECU			ADDRESS		
boo Juedi	1		GIVE WAR OR DATES)	12 03	8177 Paul I	Clem	mitt, Tow	con A	AD
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SKCIAN: The Ic ng physicion. certificate has unal-transit per cental Hygiene from 18 man		Underlying cause lost  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY UNDERLYING AT WORK NOT WHILE AT WORK  220.1 certify that (1) then he saw the deceased olive obove, (1) Left idid) idid	198. CONDITIONS CONT  198. CONDITION  198. PLACE OF IN HOUR A.M. P.M.  21e. PLACE OF II (AT HOME, STREET, F)	RIBUTING TO E  TO WHICH  OF WHICH  O	OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION STREET  3, ond that in (my) (will)	OCCURRED (E	AUTOPSY? 206 IF.	YES, WERE FIN RTIFYING CAU YES 18 PART I OR PART COUNTY	DINGS USED SES OF DEATH NO  21  STA  that (1) June the couses state
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FOR - STATE

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certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN, The low stained by the hospitol or ottending physicon.

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and completely filled in by the funeral director, page 3

the attending physician and c

TO FUNERAL DIRECTOR, After this should be detached for use or the build be detached for use or the build be at the State Dept of Health and Miles MPOSTANT, If hem 21 is morked or

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(VRA 15, 4)

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR  STATE  REGISTRAR			HEALTH AND MENTAL HYG	IENE 0 9	9 3	2	
	DECEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YE AR	2b HOUR
-	RARY G	TDI		COAD		04 08	87	12:20a <sup>M</sup>
3. 9	SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	Female	<b>DBlack</b>	MONT	H PAY 87EAR		YRS.	V DAYS	HOURS MIN
70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT O	OUNTRY? 8		9 BALTIMORE CITY O		FDEATH	
7	Baltimore County	U.S.A.	MARRIE	ED NEVER MARRIED	DATE THOSE		137	440
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	BALTIMOR  12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON	126. KIND O	PF BUSINESS OR
1	TOWSON		N. CHARLE	S ST.	(TYPE OF WORK FOR MOST OF	- WORKING LIFE]	INDUSTRY	
130	DUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESE NTY 13c. CIT	DENCE BEFORE ADMISSION) YOR TOWN Salta	113d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIB CODE	B. T	m d 2/2/3
14.	FATHER'S NAME  John	WIDDLE	Coad	15. MOTHER'S MAIDEN NA/ FIRST Audrey	ME MIDDLE Debora	ih	LAS Dur	ncan
160	. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SC	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	0 B.	md 2/2/3
1	(YES, NO OR UNKNOWN) [IF YES, GI	VE WAR OR DATES)		audren 1	Jungar 1	308E	Lata	nette ane.
NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (	CONSEQUENCE OF ERF IMMATION CONSEQUENCE OF		IINAL DISEASE OR CONT	DITION GIVEN	IN PART 110	3
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, V IN CERTIFYIN	NG CAUSES	
		ATH HOUR A.M. MO		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (Idid) (did no	04/08	19_87a	nd that in (my) (our) opinion of	, to04/08 deoth occurred on the do	, 19 ite and hour a		that (I) (we) last causes stated
	226. SIGNATURE	en all	reber	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		12c. DATE	8/87
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS				
1	S. AL NABER	N. ASSESSMENT OF THE PARTY OF		GBMC-6701 N		Т.		
	BURIAL, CREMATION, REMOVAL (SPEC#Y)	4/8/8/	23c. NAME OF C	CEMETERY OR CREMATORY	Balto	Bak	Ato .	Mil
24.	FUNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	blund	ADDRESS G	BMC 250. DAY	R 1 4 1987	25b. REGISTRA	ES SIGNAT	Rudel

APRIL DE LOS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

#### STATE OF MARYLAND

#### DEPA ENE

RTMENT OF	HEALTH	AND	MENTAL	HYGIE
CERTI	FICATE	OF	DEATH	8

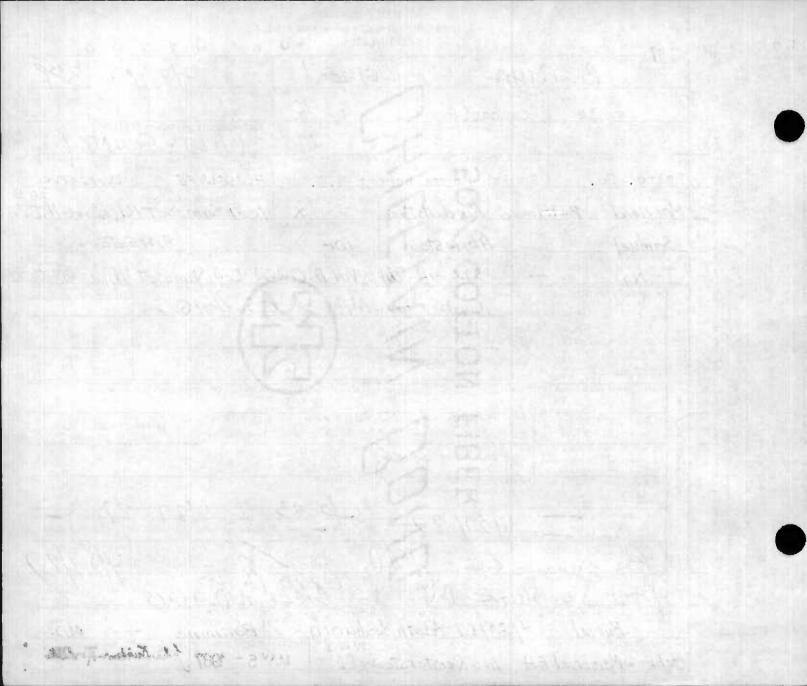
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1	REGISTRAR	3772.0			CERTIF	FICATE OF DEA	TIH O	RE	NO.	7 5	3
	DECEASED NAME	3 GR	THA	MIDDLE	C	OHE	1	20. DATE OF DEAT	4/2:	1/67 YEAR	3 HOUR
3 5	SEX	4.1	RACE		5 DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
01	Fema1	.e	Cauc	asian	3 MONTH	H DAY	YEAR 02	85	YRS	MONTHS DAYS	HOURS
70.	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76		WHAT COUNTR	MARRIE	D NEVER MAR	RRIED 🗆	BALTIMORE CIT			44
10	CITY OR TOWN OF DEA	ATH 11				OR OTHER INSTITU	RCED	120 USUAL OCCUI	PATION	12b. KIND (	OF BUILDINES
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14人	Paryland	Balt,	more.	Renda	Istown	YES NO		9001 SA			andal
14	FATHER'S NAME	MIDI		17 27 11 22 27	(-31118-11	15 MOTHER'S MA	AIDEN NAM	E			
	Samuel .	MIDI	DE	Apples	tein	IDA FIRS	T	MIDD	AF	PIESTE!	ST
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFORMANT		AC	DRESS		M T III
med.	NS.	(iii 163 Give w	- DATES]	220-1	14-5664	IRVIN D	. COHE	N 9009	Samos	et Rd, R	indall
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orner fr		mediate ng the		r as a conseg	DUENCE OF		<u>Era</u>	7			
y, ar other tr	gave rise ta imi cause (a), statir underlying cause	mediate ng the last	DUE TO, OI			NOT RELATED TO	THE TERMIN	VAL DISFASE OR C	ONDITION G	EVEN IN PART I	0
myory, or other tre	gave rise to immoduse (a), stating underlying cause  PART 2 OTHER SIGN	mediate ng the last	DUE TO, OI			NOT RELATED TO	THE TERMIN	NAL DISEASE OR C	ONDITION G	VEN IN PART I	0
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S shows only injury, or other fix  CERTIFICATION	gove rise to imma cause (a), stolin underlying cause  PART 2 OTHER SIGN  190. DATE OF OPERA	mediate ng the last NIFICANT CON	DUE TO, OF	DATRIBUTING TO	O DEATH BUT	N WAS PERFORM	ED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED S OF DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

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UU	1864 APR	1	FOR - STATE			LEALTH AND MENTAL HYGI	ENE		
			REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO	2	
W	y be oge 3 deoth	(T)	PE OR PRINT)	Aret M.	Ce	ole)	20. DATE OF DEATH	-3689	2b HOUR O
1	tor. p	3. S	Female	White	5. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	Poge	70.	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	LINTDY2 R		T DALTIMORE CITY OF	YRS. COUNTY OF DEATH	
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BALTIMORE, MARYLAND 2120	24 hour	130	JAL RESIDENCE LIF NURSING HOME C STATE 13b. COU		NCE BEFORE ADMISSION OR TOWN	11001	13e STREET ADDRESS /	ZIP CODE Rd.	204 Apt. C
YLA		14.	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	Æ		
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RE, P		160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE		
WO			(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	22-1336	JoAnn Marzu	1111 350	05 Croissan	t Rd.
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DIVISION OF VITAL RECORDS,	1 1117	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	
RE	2 1 2 2 2	7  ≝					YES TO NOT	IN CERTIFYING CAUSE YES	S OF DEATH?
/ITA	F 1 1 1 1 1 大	1 8	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURRE	1		
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VISI	of at a	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC )	STREET	CITY OR TOV	VN COUNTY	STATE
ā	So to to to		220.1 certify that (I) (this hosp	pital) attended the decease	d from	26 10 X)	10 1 20	19.87	, that (1) (we) lost
	NA SOLET			n ot) view the body ofter deo		nd that in (my) (our) opinion d	eath accurred on the do	te and hour and from the	
	A A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	of) view the body ofter deo	Ih.	DEGREE		224.1DAT	E SIGNED
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	E 4 E 5 E 5 T	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS Stella	DIRECTOR PHYSIC		000
	HOSPITA Gened by Sould be d th the Sto		Carla S. Ale	exander, M.D.		2300 Dulaney			MD 21204
	04 04 34	22-	BUIDIAL CREMATION DEVICE	Last DATE	Tage MANAGE OF	EMETERY OR CREMATORY	123d LOCATION	- TOWSOII,	LID STS04
	0.0	230	BURIAL, CREMATION, REMOVA				CITY OR TOWN	COUNTY	STATE
	BP	24	Burial FUNERAL DIRECTOR	4-28-1987	Dular	ey Valley	Baltime	ore. Co.	Md.
	DHMH - 16 60M 7/B4 (VRA 15, 4)		beonard J. Ruck		ADDRESS' Harford	Rd. APF	27 1987	HIND DANGS SIGNA	pundent.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Suriel .-23-1987 Duleng Valley Delringre, Oct.

## BALTIMORE, W. PRESTON ST. 201 DIVISION OF VITAL RECORDS,

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Mayers Comegys 20. DATE OF DEATH (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) May 26 1902 White 84 Female TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Maryland WIDOWED ... ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife PerringParkwayNursingHome Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 221 Riverthorn Road21220 Balto. MiddleRiver YES Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDDU MIDDLE Hinkle Barbara == Harry 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Raymond Comegys 221RiverthornRd21220 820-06-6617 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: INFARCTION EREBRA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF STROKE Canditians, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO [

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN STREET AT HOME STREET FACTORY OFFICE FARM, ETC 1

NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive an. and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 221. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE 22e ADDRESS

230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY

Burial 4/14/87 Parkwood Cemetery 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 ConnellyFuneralHome 300MaceAve.21221

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

be dete FUNERAL

id b 0

MPORTANI

Actor Comec 15 4. H. 87 3:376M 4/20

YOE

FOR - STATE REGISTRA DECEASED NA (TYPE OR PRINT)

3. SEX

70. BIRTHPLACE COUNTRY)

SUAL RESIDENCE

160 WAS DECEAS

(YES, NO OR UNIT 18. CAUSE PART I.

> Canditions gave rise cause (a underlying PART 2 OT

190 DATE C

21a. ACCIDE OR CONTRIB

(IF EITHER, 21d INJURY

abave 22b. SIGNA

22d. PHYS10

NAME

23a. BURIAL, CRE. (SPECIFY)

WHILE AT WORK 220.1 certif

CERTIFICATION

MEDICAL

medical

R TE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	3 7 /
SISTRAR		CERTIFICATE OF DEATE	LEG. N	8. 7 3 0
ED NAME FIRST	MIDDLE .	ConCordia	20. DATE OF DEATH	MONTH DAY YEAR 12 HOUR OM HIDAY) IF UNDER 1 YEAR 18 UNDER 24 HRS.
emale	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  2.8	50	YRS PATH HOURS MIN.
PPinss	U-SA.	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	7 / '~	mter Mo.
Owsor.	(IF NOT IN SUCH CACLITY GIVE STREET	Soseph Most	SCHOOL T	S AC. HZI
SIDENCE IF NURSING HOME OR OTHE	RINSTITUTION, GIVE RESIDENCE BEFORM		85467	0 0 0 0 0
FIRST MIDD  SS S S S S S S S S S S S S S S S S S	155/15000	2A JULI	ADDRE	CASTILO
OR LYNKNOWN) (IF YES, GIVE WA	AIR36	8652 FAMI	LY RECORD	
CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C.		gestientalt	Lennty	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nditions, if any, which we rise to immediate use (a), stating the derlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	" resuppopul	saver b lear	10 degs
T 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART Tra
DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH ( P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART   OR PART 2}
INJURY OCCURRED  ILE NOT WHILE ORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC   211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
l certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (did nat) vii	gul 2/19	, and that in (my) (aur) api	ian death accurred an the d	, 19 , that (I) (we) last ate and have and from the causes stated
SIGNATURE	Jeach		G MEDICAL STA	FF TIAN   1224. DATE SIGNED
PHYSICIAN'S NAME LTYPE OR PRI	A Serp.	27e ADDRESS  76 20	The es	Town win Line
L, CREMATION, REMOVAL 2		NAME OF CEMETERY OR CREMATO	CITY OF TOWN	Comments Co Contract

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR LAPPL.

1 DULANSY ADDRESS 800 SS HARFORD R

250. DATE REC'D. BY REGISTRAN 256 BY GISTRAN S

92-9 20199. A4 SCHOOL TEACHER, INC. CALL LOSSAH SPORT AND SELECTION OF THE LOSS OF THE Alband Lineary Lieu CAST AD ANALYE ZINCHER KARRING despite geolected demonstration 10.00 Gentle & marghaper action 10 000 delice a relies discussion of line with the forther the state of the many ABS SERVA SERVE SERVES ASSESSED FOR A SERVES ASSESSED.

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certificate be executed within 24 hours ofter death. Page

in by the funeral director, page 3

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### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	DTI	FICAT	FOF	DEATH	17

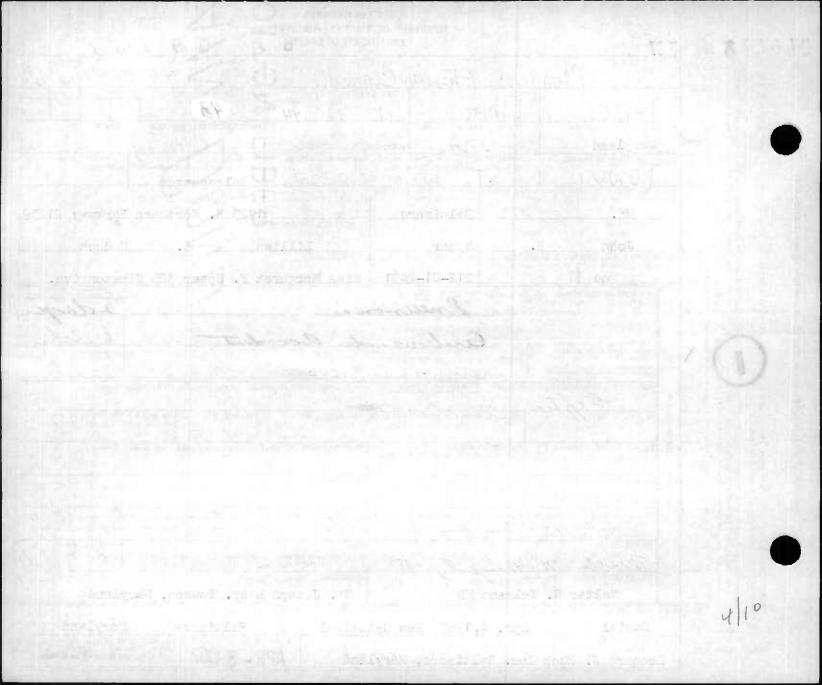
11	FOR		DEP/	ARTMENT OF H	EALTH AND MENTAL HYG	IENE			
- 78	STATE REGISTRAR			CERTIF	ICATE OF DEATHS	7 QG.	9 9	3 /	
	CEASED NAME FIRST		MIGGLE		AST	20. DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
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3. SE)	-	4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24 H
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	Maryland	U	OH	WIDOWE		((	unte	<i>Y</i>	
10.0	TY OR TOWN OF DEATH		HOSPITAL, NU HEACILITY, GIVES		R OTHER INSTITUTION	12a. USUAL OCCUPA			F BUSINESS
	1 Muson	1 5		cenh	NOCO: +A			.,	
USUA	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION.	GIVE RESIDENCE 8	SEFORE ADMISSION)	COPITA.	Salesper			
13a S	TATE 136 QC	YIAUC	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	Md		Baltir	nore	YES NO	1723 E. No	rthern	Parkwa	v 212
14. FA	THER'S NAME	ALID CIT	1.057		15. MOTHER'S MAIDEN NA	ME			
1/-	Tohn	WIDGLE	LAST		FIRST	MIDDLE		TT 3 1-	
14 - 14	John VAS DECEASED EVER IN U.S.	R.	Spear	SECURITY NO.	Lillia 17 INFORMANT	ADDI		Unduch	
		GIVE WAR OR DATES	JOU SOCIAL S	SECORIT NO.	IV INFORMANT	AUUI	-50		
	no		212-0	1-2491	Miss Margare	et F. Spear	325 W	inston	Ave.
	18. CAUSE OF DEATH (Ente	r only one cause per	line far (a). (b	i. and ici.)				APPROXIA	MATE INTERVAL
	PART I. DEATH WAS CAL	JSED BY:	10					2	1
	IMMED	DIATE CAUSE (a)	1/n	ellno	ma			La	unga
	A 10 10 10 10 10 10 10 10 10 10 10 10 10	DUE TO, OF	RASACONS	EQUENCE OF				1	1
	Conditions, if ony, which		erel	man	de acci	diel		8 M	John
	gave rise to immediate couse (0), stating the		R AS A CONSI	EQUENCE OF				,	
	underlying couse last.	100210,0	PAS A CONST	EGOENCE OF	D1-0-			1/2	21 -
	DADE O OTHER SIGNATURES AN	17.5011011015.50	Chia Didition	TO DEATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR COL	IDITION CIV	Thursday 1	
z	PART 2. OTHER SIGNIFICAN	TI CONDITIONS CO	DULKIBULING	A DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	ADITION GIV	EN IN PART HO	
NOI	chl	ec ll	ce 1	Visla					
CERTIFICATI	190 DATE OF OPERATION	19b. CONDI	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YING CAUSES	
E						YES T NOT		S [	NO
E.	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM TO P	ART 1 OR PART 21	
	OR CONTRIBUTING CAUSE OF		M. MONTH	DAY YEAR		(61121111111111111111111111111111111111			
5	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.	Μ.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	SICE SADAL STC 1	211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	TAT HOME, SIN	TEET, FACTORY, OF	PICE, PARM, ETC		,			
	15	araital) attanded th	a doronted f-	10	el selesso	10/2		10.85	L-/13/
	220.1 certify that (1) (this ha			6		, 10	1.4	- /	that III)(we)
	sow the deceased alive abave (1) (we) (did) (did	nat view the body	ofter death.	17 2 , dr	nd that in (my) aur) apinion	deam accorred on me	Jare and nau	r and fram the c	auses stated
	22b. SIGNATURE		1		DEGREE			22c. DATE S	SIGNED
	milt.	n no	1	010	ATTENDING PHYSICIAN S	MEDICAL STA		467	2,19
1	22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	sand,	0-10	22e. ADDRESS				1
		/	W 1970			***		2	
	Walter N	. Welzant	MD		St. Joseph	Hosp. Tows	on, Ma	ryland	
23a. 8	BURIAL, CREMATION, REMOV	AL 236. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1	Burial	Apr. 4	1087	New Cat	thedrel	Baltimor	0	Maryla	and
	JNERAL DIRECTOR	Apr. 4	, 1301	Mew od					
	NAME		ADDR	ESS		E REC'D. BY REGISTRA	1 1	per the sale	
I	eonard J. Ruc	k Inc. Ba	altimor	e, Mary	land AF	K - 3 198/	Julia	Dandern-K	andalle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signished be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene priar to but

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

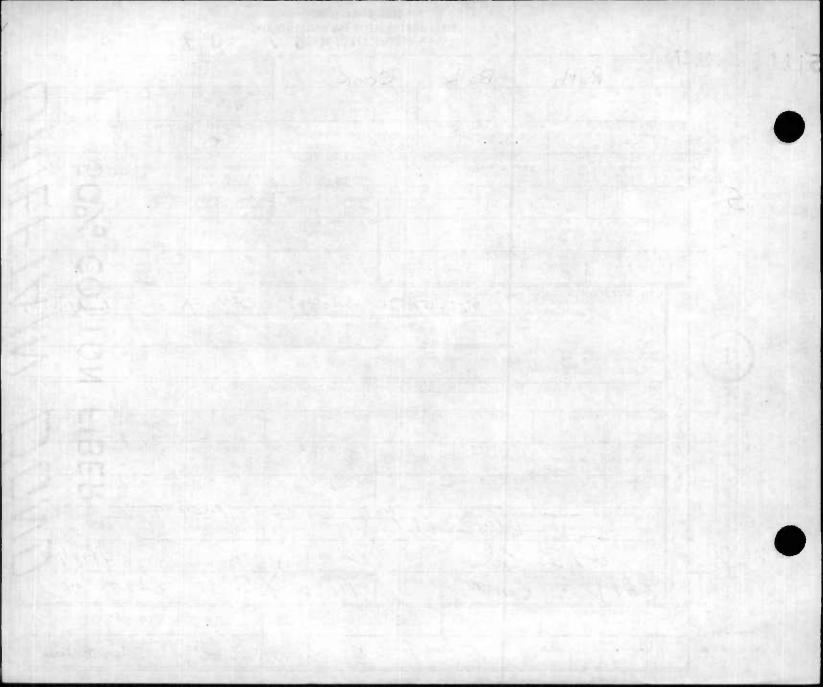


FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Q. 9 3 8

100.01	-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	Q <sub>EG. N</sub>	9 5 6	3
ANN ZI		CEASED NAME FIRST OR PRINT)	BEKDE //e	cec	NK OK		/17/87	9:10AM
rs ofter	3. SEX	FEMALE	WHITE	5 DATE C	0F BIRTH 8/23/20 YEAR	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
in 72 hou		MARYLAND	U.S.A.	WIDOWE		BALTIMORE CITY O		MI MI
filed with		EISTERSTOWN	122 SECOND AVE		OR OTHER INSTITUTION	CLERK FOR MOST OF	ON 126 KIN FWORKING LIFE) ITPAK	DWARE
339	MD		OTHER INSTITUTION GIVE RESIDENCE BEFOR		134 HEDE CITY LIMITS?	1315ZPZETSPECTSNE	ZIA VEDE	21136
050	I4 FA	SCHLEY JENKINS	MIDDLE LAST		MURTEL FR			LAST
aedicol		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECTION (PAR OR DATES) 216-14-		WALTER C. CO	OK ADDRE	22 SECOND	AVE.
movel.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), or BBY. META ST E CAUSE (o)	ATIC	BLEAST	CANLER	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
ole comment or of other troughtic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)					
Then p	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONE	DITION GIVEN IN PAR	T 1 o
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAU YES	
18 th 18 th	AL	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	72)
A the six	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
of Health		sow the deceased olive on obove, (1) (we redd) (did not	ol) ottended the deceosed from 19	00	d that in (my) (our) opinion d	leath occurred on the do	. 19	, that (1) (we) las
detoc tote D		22b. SIGNATURE G7 I	d		ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED
should be diwith the Sto		6ARY I.	COMEN		711 W. 4	10 T ST.	BALT	1. 10
4 3 ₹	23a B	SURIAL CREMATION, REMOVAL SPECIFY BURTAL	23b. DAJE /20/87 23c.	NAME OF C	EMETERY OR CREMATORY REEK CEMETERY	23d. LOCATION CITY NOWN N	EW WINDSOR	CARROLL
16 60M 7/84 A 15, 4)	24 FL	INE TALDITICI PLANTZLE	R NEW	WINDS	OR, MD 250 DATE AF	R 2 3 1987	256. REGISTRAR'S SIG	



requires that the death certificate be executed

OR ATTENDING PHYSICIAN: The law

TO FUNCEAL DIRECTOR: After this certificate has been signed by the national fire detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked of Men

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00	FOR  STATE  REGISTRAR		DEPARTMENT OF H	EALTH AND M	1 8	IENE O REG. NO	9 9	3 4	
	1 DECEASED NAME FIRST (TYPE OR PRINT)  William	m S.		ppage	Sr.	20 DATE OF DEATH	MONTH DA		25 HOUR 2: 40 F
1	3 SEX	14 RACE	3. DATE C		DT.	6. AGE LIN YEARS LAST BIRT	(HDAY)	UNDER I YEAR	IF UNDER 24 HRS
	Male	White	MONTH 10		VEAR 07	79		ONIAS DATS	HOURS MIN.
	Maryland	76 CITIZEN OF WHAT C	OUNTRY?     MARRIEI	DEVER M	ARRIED -	BALTIMORE CITY O	R COUNTY C	OF DEATH	MD
1	10 CITY OR TOWN OF DEATH Parkville	(IF NOT IN SUCH FACILITY	AL, NURSING HOME C	OR OTHER INSTI	TUTION	126 USUAL OCCUPATION	F WORK ING LIFE)		F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU	OR OTHER INSTITUTION GIVE RESIL		13d INSIDE CIT		Electric  130.STREET ADDRESS /  7-201	ZIP CODE	ARFERD	21234 PD
	14 FATHER'S NAME FIRST	MIDDLE	LAS1	15 MOTHER'S	MAIDEN NAM	AE MIDDLE		LAST	
	William		page		rriett	MIDULE	G	folt	
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO	17 INFORMAN		ADDRE		2811	
1	(18 YES G	IVE WAR OR DATES)	0-65-5843	Ron Co	ppage	5527 Vinela			do, Fla
1	18. CAUSE OF DEATH (Enter o	only one couse per line for	(a), (b), and (c).)					APPROXII BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	RESP. ALL	255		A PER LA T		1-7	MIN
	Conditions, if any, which	DUE TO, OR AS A C	CONSEQUENCE OF	EMA				30-	40 yR.
	gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A C	CONSEQUENCE OF	1NG-					"(
	PART 2 OTHER SIGNIFICANT PELEM	CONDITIONS CONTRIBU		NOT RELATED	\ -	INAL DISEASE OR CONI	DITION GIVE	N IN PART 110	
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH? NO
	210 ACCIDENT WAS UNDERLYING		Y DAY YEAR	21c. HOW IN J	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIN	19			Mary Land			
	OR CONTRIBUTION CAUSE OF DE ME STAFFER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AL WORK AL WORK	21e PLACE OF INJU	RY OFFICE, FARM, ETC.)	211. LOCATION	N	CITY OR TO	WN	COUNTY	STATE
	270.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n	n 4/7	1987	nd that in (my) (	ur) apinion o	, to	2 11 ite and hour		that (I) (we) last causes stated
	226. SIGNATURE Dan V	underfal			TENDING HYSICIAN	MEDICAL STAF		22c. DATE	1/87
/	228. PHYSICIAN'S NAME (TYPE	M LDON &	AL	22e ADDRESS	-	mskim	/		
	130 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
	(SPECIFY) Cremation	Apr 6 198	7 Westvi	ew Memo	rial	Baltim	ore		yland
	24 FUNERAL DIRECTOR					REC'D. BY REGISTRAR		AR'S SIGNATI	URE
	Leonard J. Ruel	The Rel	ADDRESS Ma	hanlard	ADE	6 1007	A sin K	ordion R	andrell

4/10 1.1 701 0 - Lytal And Complete Lt. Bankshift, New agents not before the median production of the structure and the structure Francis Local March of There is a second of the State of the 1 - STATE

STATE OF MARYLAND

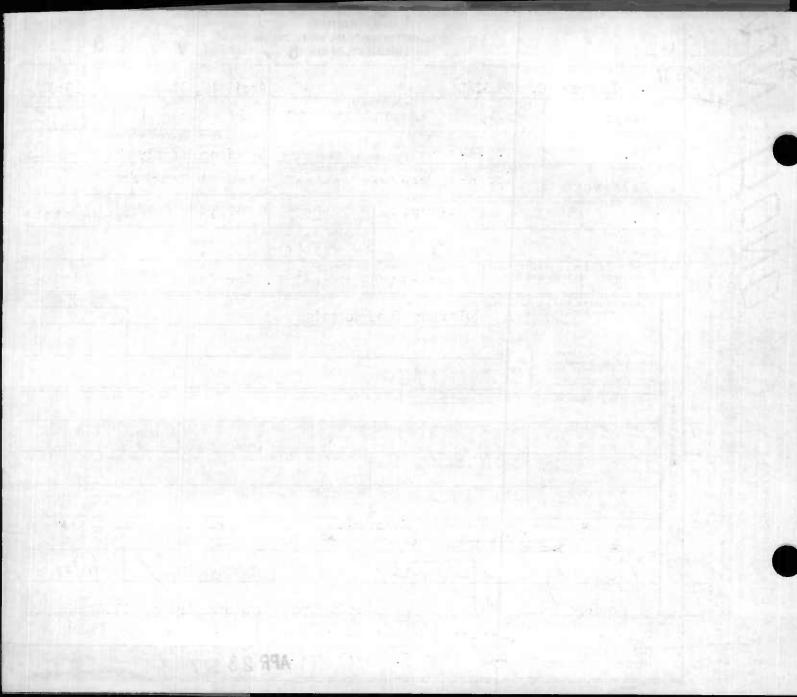
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 9 9 4 U

		REGISTRAR					•	REG. NO.				
2		CEASED NAME FIRST	N	IDDLE	i i	AST	2a. DATE OF	DEATH M	AONTH	DAY YEAR	2b HC	DUR
2		ev. Theresa	c. cous	INS			April					:00Am
	3 SEX	X	4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTH		MONTHS DAYS	HOURS	DER 24 HRS
		Female	Black		Ment	2°9′ 2°7	59		YRS		HOURS	) MIN-
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OFDEATH		
1		Va.	U.S.		WIDOWE	D DIVORCED	]  Baltim					MD.
1	Ju. CI	Baltimore Baltimore				Hospital	126 USUAL C	FOR TOST OF	erich Fr	12b. KIND (	OF BUSI	NESS OR
E	13a. S	AL RESIDENCE HE NURSING HOME OF	NOTHER INSTITUTION,	Balti	e more	13d INSIDE CITY LIMITS? YES TO NO []				lamed	a 2	1218
2	) _	ATHER'S NAME FIRST George	MIDDLE	Martin		15. MOTHER'S MAIDEN N Bertha	IAME	MIDDLE		LA	AST	
2		MAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	226-30		Samuel I	F. Cous	ADDRES		The	A1a	meda
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR		ry Tube	erculosis				BETWEEN	XIMATE IN	ND DE ATH
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	OR COND	ITION GIV	EN IN PART 1	la	
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO		IN CERTIF	S, WERE FIND FYING CAUSE S		ATH?
1	111222111	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	A. MONTH	DAY YEAR 19	21c. HOW INJURY OCCU	JRRED (ENTER NAT	URE OF INJURY	IN ITEM 18 P	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE AL WORK		EET, FACTORY, OFFICE		ZII LOCATION STREET		CITY OR TOW	114	COUNTY		STATE
		220.1 certify that () (this hosp sow the deceosed alive ar abave (1) (we) (did) (3) dece	_April	19. 198	8 <b>7</b> , or	nd that in ( (aur) apinio	n death accurred	, , , ,	te and hau	0,		(we) last
,		Gradly	2	fru /	wo	PEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		226. DAJI	ESIGNE	
/		Bradley Sp	+	-		9000 Frank	lin Soua	re Dr	ive.	21237		
		BURIAL, CREMATION, REMOVAL		230	NAME OF C	EMETERY OR CREMATORY	/ 1234 LOCA	TION				
	(	Burial	4-24	-87		son Forest	Ow i		Mil1			1 STATE
	24 FU	March Funer	al Home	1 101	E. N	orth Ave 250 A	PR 23	GISTRAR 2	Sh REGIST	TRAR'S SIGNA	TURE	Sana

DHMH - 16 60M 7/84 (VRA 15, 4)

to runesal bisector. A sharid he detached for use with the State Dept of Heal



the attending physician and remove carban popers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove Carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal

OR ATTENDING

O HOSPITAL

BP.

ony injury, or other troumotic event, the

IMPORTANT: If them 21 is morked them 18 shows

_		FOR
1	m) "	STATE
2	U	REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 9	4	4	
	0		
REG. NO.			

	CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	-
(ITPE	ROSE	М.	CR	EMIN	APRIL 16.	1987		1:00 P	AA
3. SE	X .	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	_
۲.	FEMALE	WHITE	JULY	31, 1908 YEAR	78	YRS.	ONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
	MARYLAND	U.S.A.	WIDOWE		BALTIMOR	E COUN	TY	м	D.
	TY OR TOWN OF DEATH  CATONSVILLE	711 CROSE	SY ROAD	dr other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TICKET SE		INDUSTRY	F BUSINESS OF	R
13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 CC MARYLAND BA	OUNTY 13t. CIT		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS		D 2	1228	
14 FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAS	T	
	VINCENT		PPI	ROSE			GEPP		
(	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES]	5-07-0234	17 INFORMANT  CATHERINE	ADDRI MICHAELSON	711 C	ROSBY	ROAD MD.21	22
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for ISED BY: IATE CAUSE (a)	CARdiac	and Respira	Tomarr	NT	BETWEEN	MATE INTERVAL ONSET AND DEATH	
	Canditions, if any, which gove rise to immediate couse (a), storing the underlying cause last	DUE TO, OR AS A C	SUNE DIENCE OF A	ngestive her	is failur	u	40	ears	
CERTIFICATION	PART 2 OTHER SIGNIFICAN		JTING TO DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	200 AŬTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	JRY	211. LOCATION	CITY OR TO		COUNTY	STATE	-
\$	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTI	ORY, OFFICE, FARM, ETC.)	STREET 97	A. A	WN	0 7	SIAIE	
			eath.	nd that in (my) (our) opinion	death occurred on the de	ote and haur		that (I) (we) las	st
	22b. SIGNATURE	Warm	arus	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	224. DATE	17/87	
	22d. PHYSICIAN'S NAME (TY			77e ADDRESS					
	HENRY AF	RMANAS M	I.D.	1934 WILKE	NS AVENUE,	BALTIM	ORE, M	D.	
	urial, cremation, remov specify) BURIAL	AL 23b. DATE 4/20/87		RE NATIONAL	23d. LOCATION CITY OR TOWN BALTIMO	RE	COUNTY	ARYLAND	
	ROYMM. & RUSSI 30 EDMONDSON			OMES P.A. 250 DAT	R21 1987		LOIDEN K		

LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES P.A.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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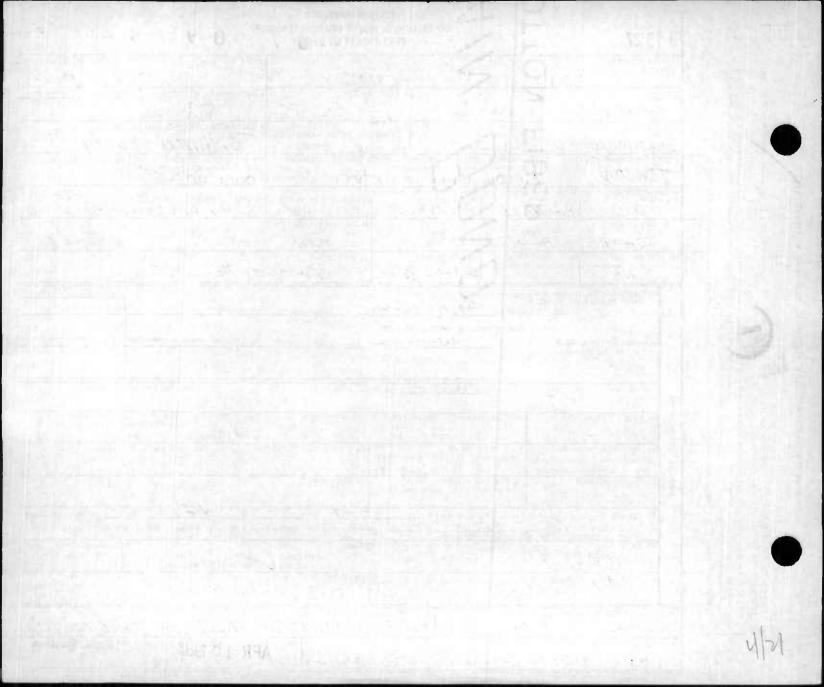
DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND								
DEPAI	RTMENT	OF I	HEALT	H AND	MENTAL	HYGIENE		
	CE	RTII	FICAT	TE OF	DEATH	1		

A	1 -	FOR STATE? REGISTRAR	DEP		EALTH AND MENTAL HYGI	ENE 0 9	9 4	2	
		CEASED NAME FIRST	MIDDLE	0 '	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. I	HOUR
		Mam	le V.	Cr	053		4/10/8	7 11	1:50 W
	3. SEX	× 1 00 1	RACE	5. DATE C		6 AGE   IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IFU	NDER 24 HRS
2	1	reimale	While	17	20605	82	YRS.		
2	5	COUNTRY	b. CITIZEN OF WHAT COUN	TRY? 8 MARRIEI	D D MEVER MARRIED D	9 BALTIMORE CITY O	/ / /-	0/-	
	BA	ALTIMORE, MD.	4.5.4.	WIDOWE		BAITING	ORE COU.		MD.
1	7	ouson 1	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACHTY, GIVE S MANOR CAC	STREET ADDRESS)	tom	TYPE OF WORK FOR MOST OF		KIND OF BU SUSTRY	SINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR OF COUNT BALTO	Y I3c_CITY OR		13d INSIDE CITY LIMITS?	3346 W	ZIP CODE	1BY 1	1234 20AD
2	14. FA	THER'S NAME FIRST TAMES AL	BERT MA	RTIN	15. MOTHER'S MAIDEN NAM	MIDDLE	B	EWL	EY
1		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	TOE IVE	
		No	213-4	2-3824	FAMIL	Y PECOI	205		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b) Me  DUE TO, OR AS A CONS  (c)	EQUENCE OF	NOT DELATED TO THE YERANI	NALDISEASE OF CON	DITION CIVEN IN	DART I	
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WERI		USED
	TIFIC,	THE DATE OF OFERSHOOT	The condition to the		N WASTERI ORMED	YES NO	IN CERTIFYING (	CAUSES OF D	DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM TS PART I OR	PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   A1 WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM ETC }	211 LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
		220.1 certify that (1) (this hospitor saw the deceased one on above, (1) (we) (dust initial nation	4/7/47		d that in (my) (aur) apinian de	eath accurred an the do	2 . 19 ate and hour and f		(I) (we) last
		22b. SIGNATUSE				ANEDICAL STAR	FF	t. DATE SIGN	NED
/			Sont			Y WALLE LUX	24		
	B	BURIAL, CREMATION, REMOVAL	236 DATE 04-13-1987	PARKING	EMETERY OR CREMATORY	PAIZKUIL	LE BAFF	TO CO.	MD
	24 FL	UNERAL DIRECTOR	OF MEMO	MEIES, 1	PARKVILLE 250. DATE	PR 15 1987	256 REGISTRARS	SIGNATURE	indatto



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deat

the ottending physician and completely filled in by the funeral director, praction remove corbon papers. Pages Pand 2 should be filed within 72 hours after them emotion, or removal.

er troumatic event, the

TO FINE ALL DIRECTOR, After this certification from the food of the buriol-transit per the string Dept. of Health and Mental Hygin retained by the hospital ar attending physician.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

MPDRTANT If Item 21 is marked or Item 18 st

STATE OF MADVIAND

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
	1653s.

-	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH 8 7							
3	ILDEC	CEASED NAME FIRST		MDDI F		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
		OR PRINT) Alice	mibute		(	Cullender	20. DATE OF DEATH	4 19		W
1	3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	1	emale	White		MONT	1 27 04 <sup>EAR</sup>	82	YRS.		HOURS MIN.
7	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) aryland		S.A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore (		OF DEATH	MD
1	6	TY OR TOWN OF DEATH		LEACHTY CIVE STORET	ADDRESS)	Cowson, Md.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housemothe		126 KIND O INDUSTRY CO1	F BUSINESS OR
2	13a S		OTHER INSTITUTION. ITY 1 to.	GIVE RESIDENCE BEFORE 13c CITY OR TOW TOWSON	ADMISSION)	136. INSIDE CITY LIMITS? YES NO 😡	531 Brook F	d. 212	204	
7	1	THER'S NAME FIRST Anton	widdle Ve	lenovsky		Anna	WIDDLE		S1ec	hta
	160 W	WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					ADDRESS Lee Tumminello Sa		ame as 13e	
		18 CAUSE OF DEATH (Enter only one cause per line for 10), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				OF PAN	CREAS	APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH	
	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	(b)	R AS A CONSEQUE R AS A CONSEQUE DINTRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
-	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION		TION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	IN CERTIFYING CAUSES OF DEAT		OF DEATH?
/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR				NO L
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		22a I certify that (I) (this haspi saw the deceosed olive on abave, (I) (wet (did) (did no		19	, a	nd that in (my) (our) opinion (	, ta deoth occurred on the d	ate and hour		that (It (we) lost couses stated
		22b. SIGNATURE	M		Λ	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	4-2	SIGNED 0-87
7	10	22d PHYSICIAN'S NAME (14PE O		•		7600 Osler	Dr.			
1		URIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial	4/22/8	7 M	ost H	oly Redeemer	Balto.		COUNTY	Md. STATE
		INERAL DIRECTOR	1 77 -	ADDRESS	1050	21204	E REC'D. BY REGISTRAR	25b. REGISTR	٠ . ٥ سم	URE
	Ku	ick Towson Funer	ral Home	, Inc.	1020	York Rd. A	LU 501	Gulia	Ocordon.	Kandalib

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#### STATE OF MARYLAND

113	STATE			DEPART		EALTH AND MENT ICATE OF DEAT		3 60	0 0	12 4	
1 05	REGISTRAR	101033						elG.		4 4	
	CEASED NAME OR PRINT)	FIREDN	A '	AIDDLE C.		AST CUNNING!	7	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	40	WIVH			unn				10	2701	3 M
3. SE)	Fem	ale 4	RACE 1. +	White	5. DATE C	DAN M	r an	AGE (IN YEARS LAST	BIRTHDAY	MONTHS DATS	HOURS MIN.
ナ	emple		Uhil	<u>e</u>	12	27 1	895	91	YRS.		
	RTHPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRI	ED 🗆 19	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	laryland		U.S	.A.	WIDOWE			BALTO		more Cou	
10 CI	TOWSO	N '	1. NAME OF H	IOSPITAL, NURSI H FACILITY, GIVE STREE	ING HOME C	800 Sout Road 212	herly	20 USUAL OCCUPA Type of work for mos	TION TOF WORKING L	12b. KIND OF INDUSTRY	F BUSINESS OR
/	owson			1- 00 .				Sales		INDUSTRY Re	tail
USU/ 13a S	AL RESIDENCE (IF NURSI	NG HOME OF O	Ballimo	GIVE RESIDENCE BEFO	NNTOWS	M. INSIDE CITY LIV	MITS?	STREET ADDRESS	ZIR/COD	EA /	
1	Maryland	B14	SOOMO		SON		×	800 Sout	herly	Rd . 212	204
14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIL	DEN NAM	WIDDLE	1	1457	
	Adam			Dietz	2	Marie	2	Marga	aret	Mi	ckel
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	79. XI	ADD	RESS	21.2	28
(	No			212-28-4	+093	Mary Edna	Conr	coy 215 Br	rooksi		atonsville
	18 CAUSE OF DEATH	H Enter only	one cause per	fipe far (a), (b), o	nd A	, (		1		APPROXIA BETWEEN O	MATE INTERVAL
	PART I. DEATH W.	AS CAUSED IMMEDIATE	- 1	1) the	* Ast	This Con	zino	us to /	ver.		
		INVINCEDIALE		S 1 501 3501	OF A LOWER PROF	L. JMY	al sx			0/10/0	
	Conditions, if ony, which										
	gave rise to immediate								0.400		
	underlying couse		DUE TO, OF	A CONSEQU	1 1	vom to	+	Intest.	16		
- 3	PART 2 OTHER SIGN	JIEICANT CO	NULTIONS	MIDIRIUTING TO		1-20	HE TERMIN	ALDIST ASE OR CO	NDITION GI	VEN IN PART 110	
Z		THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON A	31.511.61.6	771360011772	CHECKING OUT	trongenter to	The state of the s	The second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.1.1.7.7.1.7.7.10	
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FINDIN	
IFIC			V 67 12					YES TO NOT		IFYING CAUSES	OF DE ATH?
CERT	210 ACCIDENT WAS UND	ERLYING	216 TIME O			21c. HOW INJURY	OCCURRED	ENTER NATURE OF IN			
	OR CONTRIBUTING C		HOUR A.								
MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE	OF INJURY	19	211 LOCATION					
ME	WHILE NOT WH	ILE 🗍	(AT HOME STR	EET, FACTORY OFFICE,	FARM ETC )	STREET		CITY OR	IOWN	COUNTY	STATE
	220.1 certify that (I)		1) ottended th	deceased from	7	10	85	- 4	128	10	hat    (we) last
	saw the decease abave, (1) (we) Jo		-//	1 4	87	nd that in (my) (aur)	opinion de	ath accurred on the	date and ha		
	abave, (h (we) to	id Vdid not	view the body	ofter death.	-	DEGREE				22c DATE	
	11	1/	11.	Cy		ATTEN			AFF	U/	50h-
	22d PHYSICIAN'S	ALE LINE OR	DELLEVI			PHYSI 22e ADDRESS	CIAN	DIRECTOR PHYS	ICIAN 🗌	7/	HAL
	/A	1/1	Luer	10		· COO	C	11 /	DI	This	me
	1	IVI	DUCA			1000	200	Then by	160	100 5	, , , ,
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM	ATORY	114 TOCATION		COUNTY	STATE
	Burial		5-1-	87 N	leadow.			Elkridge	Howar	d Maryla	and
24 FL	JNERAL DIRECTOR						250. DATES	REC. DY BY BE CHELL	R 256 REGIS	TRAR'S SIGNATI	Reciality

DHMH - 16 60M 7/84 (VRA 15, 4)

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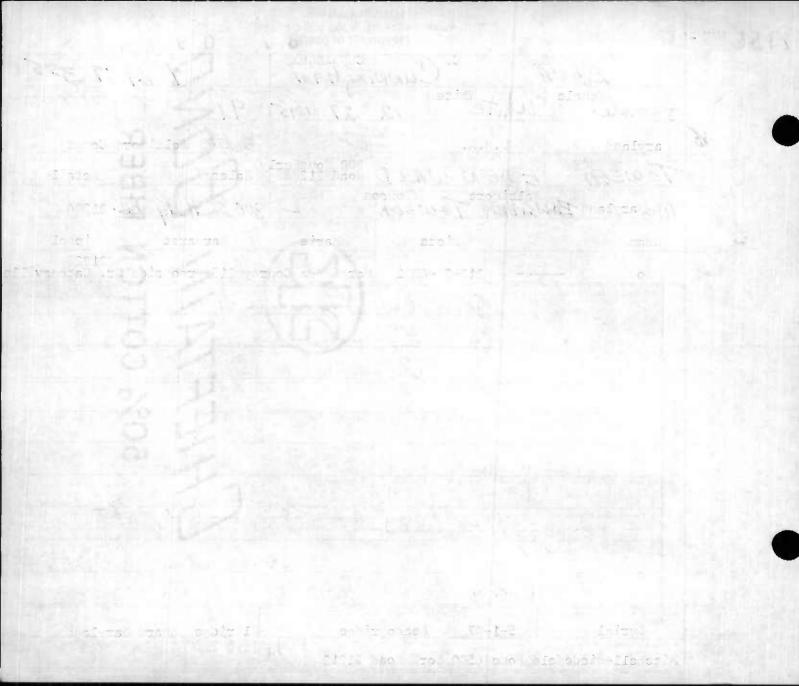
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician.

ony injury, or other traumotic

IMPORTANT: If Item 21 is marked or Item

Mitchell-Wiedefeld Home 6500 York Road 21212



d completely filled in by the funeral director, page 3 es 1 and 2 should be filed within 72 hours ofter death

within 24 hours ofter

deoth certificate be executed

requires that the

ATTENDING PHYSICIAN, The ottending physicion

TO HOSPITAL OR ATTENDIN

BP.

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

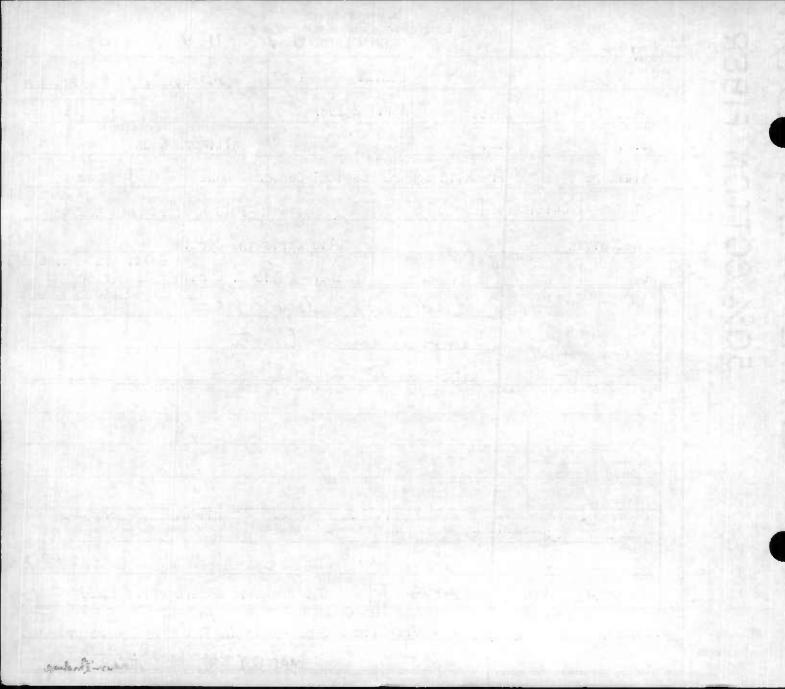
9

и	I KEGISHRAR			REG. NO					
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR				
			CURTIN	April 2,1987	9:10amm				
	3 SEX	4. RACE	April 2,1987	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDE	PAYS HOURS MODE				
Ñ	Male  B. BIRTHPLACE (STATE OR FOREIGN	White  The CITIZEN OF WHAT COUNTRY?	Apr 11 2,1307	YRS 9 BALTIMORE CITY OR COUNTY OF DE					
1	could.S.	U.S.	MARRIED NEVER MARRIED X WIDOWED DIVORCED	Baltimore County	MD.				
7	Baltimore		s HOME OR OTHER INSTITUTION Nare Hospital Cente	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND  **NONE**	KIND OF BUSINESS OR DUSTRY NONE				
		TOTHER INSTITUTION GIVE RESIDENCE BEFORE ATTY	YES NO NO	13e STREET ADDRESS / ZIP CODE 7019 Harford Road	1 21234				
2	Not Given	MIDDLE LAST		stine Curtin	LAST				
?	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)		ie C. Curtin 7019 Ha	ore, Md. 2123 arford Rd  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
EDICAL CERTIFICATION		gove rise to immediate couse (o), stoting the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	YES NOW YES DED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART ?)				
	220-I certify that 14 cithis hospi	ital attended the deceased from	DEGREE ATTENDING	leath occurred on the date and hour and f	om the couses stoted  The DATE SIGNED  The DATE SIGNED				
	22d. PHYSICIAN'S NAME (TYPE OF	POPL PAPA	22e ADDRESS 9000 Frai	nklin Square Drive 2	21237				
	23a BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN COUN	TY STATE				
	Disposa] 24 FUNERAL DIRECTOR NAME	4/13/87 F	ranklin Square Hos 250. DATE MAY	pl 9000 Franklin Squ REC Bay FE STRANGE RE MERAR 2 0 1 1987	are Dr.				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician or should be detached for use as the burial-transit permit. Then please remove carbon papers. Pack with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the median properties of the properties of the median properties.



31.9580

in other deoth. Poge 4 may be

the funeral director, page 3

STATE OF MARYLAND	,
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1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	7 0	o. <b>Q</b>		1 4	
	CEASED NAME	FIRST		MIDDLE	(	AST	20 DATE OF DEATH	MONTH	DAY 1	AR AR	ZE HOUR
		MARY		R.	D	AMERON		04	04	87	7:50a
3. SE	X	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	I YEAR	IF UNDER 24 HRS
1	Female		Whit	te	8-	18-1907 YEAR	79	YRS.			
	RTHPLACE (STATE OR F COUNTRY) Md.	OREIGN 76	U.S.	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			ATH	м
	ITY OR TOWN OF DEA	TH T	(IE NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STRI 6701 N.	EET ADDRESS)	S ST.	12a USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT.	F WORKING	IFE) INDL	JSTRY	F BUSINESS OF
130 5	AL RESIDENCE (IF NURS STATE Md.	Harf	Y	Jarret	NWC	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS. 3982 Norri	ZIP COD	e Rd	. 21	1084
IN FA	James	MI	DDIE	Johnson		15 MOTHER'S MAIDEN NA/ FIRST  Laura	WE		avid		
16a V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SE 212-30-		Neal D. Mark	s,2655 Stow		, Cha	0	ttsvill
CERTIFICATION	Conditions, if ony, gove rise to imm couse fol, storin underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERAL	nediote g the lost. NIFICANT CC	(c)		O DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YE	ES, WERE	FINDIN	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IN EITHER NOTHY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		'	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	YES NO	Y	ES 🗌		№ □
MEDIC			21e PLACE	M. OF INJURY REET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	WN	COU	MIA	STATE
	220.1 certify that (1) sow the decease above, (1) (we) (c	(this hospito	04/04	19		nd that in (my) (our) opinion	to 04/04 deoth occurred on the de		19 <u>8</u> our ond fro	,	that (1) (we) los couses stated
	226. SIGNATURE 226. PHYSICIAN'S NA	AME TYPE OR F	bert	1, m	R	ATTENDING PHYSICIAN [			220.	DATE S	SIGNED
230	BURIAL, CREMATION,	REMOVAL	M.D.	1 23	C NAME OF C	IGBMC-6701 N.	CHARLES ST				
	(SPECIFY) Buria		4-7-			r Memorial	Bel Air		COUNTY		Md. STATE
	UNERAL DIRECTOR NAME eonard J.					25a. DAT	E REC'D. BY REGISTRAR	25b, REGIS	Dand	IGNATI	URE -

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been ulained by the other should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buring cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN The low required need by the hospital or attending physician.

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			. A. 2. U	
Salynak Theis .sel				
TARE Normania in a comment		williant:	terral denet	No.
norbivel .			пожино в	
Va. 22701 Aller Stone Ct., Churlat wille	D. Huelos	took orni-	ned LTV and CTC	
116 Atr	AT THE S		794740	
				. alaga . L. brianca E

4)10

#### STATE OF MARYLAND

CERTIFICATE OF DEATE	TOREG. 9	41	
DANZIGER	20. DATE OF DEATH MONTH	2/27	12 AM
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.

X	4. RACE	5. D.
FEMALE	WHITE	D

FIRST

ANNA

7b. CITIZEN OF WHAT COUNTRY?

BALTIMORE COUNTY GEN. HOSP.

MARRIED NEVER MARRIED WIDOWED

9 BALTIMORE CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

126. KIND OF BUSINESS OR VORK FOR MOST OF WORKING LIFE) FURS

10 CITY OR TOWN OF DEATH RANDALLSTOWN

70. BIRTHPLACE (STATE OR FOREIGN

NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PR. GEORGES

13d. INSIDE CITY LIMITS? YES 15. MOTHER'S MAIDEN NAME

13000 CHESWOOD LA.

MIDDLE

#20715

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MARYLAND FATHER'S NAME PESACH

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

RISSTA

3. SE

GREENBERG

MIDDLE

USA

BASIA 17 INFORMANT

UNKNOWY SHIRINEWORKSIRSCHENBAUM

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

gove rise to immediate couse (o), stoting

underlying couse

19a DATE OF OPERATION

166 SOCIAL SECURITY NO 050-09-4624A

MRS. 13000 CHESWOOD LA. BOWIE, MD

MYOCARDIA INFARGOO

20715

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which

MIDDLE

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21
ALL BUILDING COURDED	100

b. TIME OF INJURY OUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)

20a AUTOPSY?

NOF

Te PLACE OF INJURY 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK

211. LOCATION STREET

PHYSICIAN

CITY OF LOWN COUNTY STATE

22a I certify that (I) (this haspitel) attended the 

77h SIGNATURE

DEGREE

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL STAFF

27L DATE SIGNED

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL REMOVAL/BURIAL

CERTIFICATION

APR.2,1987

MOUNT JUDAH

CYPRESS HILLS

DHMH - 16 60M 7/84

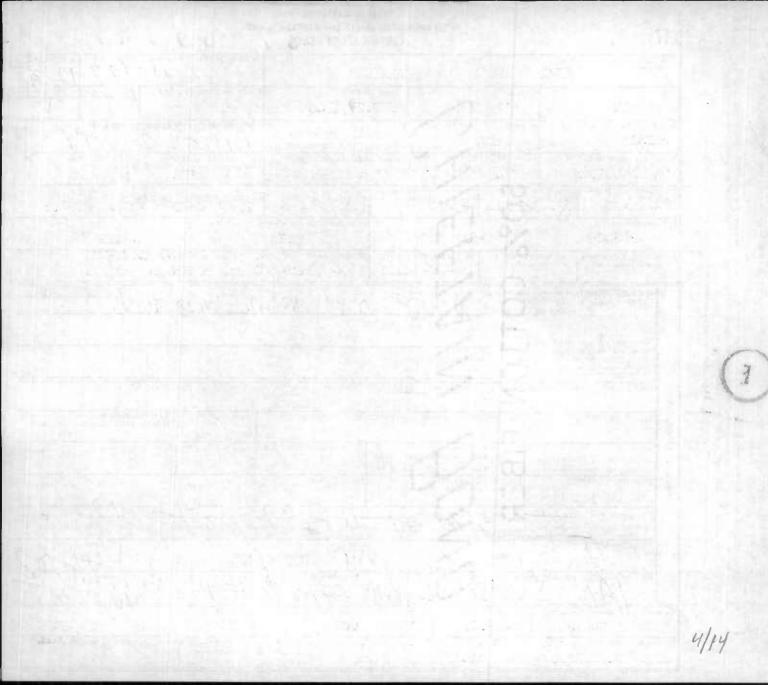
MPORTANT:

6010 REISTERSTOWN RD. (VRA 15, 4)

LEVINSON

BALTO MD

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND'S (201

# STATE OF MARYLAND

STATE REGISTRAR	DEPART		FICATE OF DEATH 8	IENE PECCAC	0 0 4	₽n		
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	H. HOUR		
(TYPE OR PRINT) Marjor	cie May	D	avidson	April	11 1987			
3. SEX	4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 MRS		
Female	White	Mar		72	YRS DAYS	HOURS MIN.		
JerBIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	7.7.0			
Maryland	USA	WIDOW		Baltimo	re County	MD.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME		12a. USUAL OCCUPATION	ON 126, KIND O	F BUSINESS OR		
Essex	317 Townse		oad	Housewi				
136. STATE  Md. 136. Ba	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Altimore Balt	N		13e. STREET ADDRESS				
14. FATHER'S NAME	itermore bare	.0.	YES NO L		vnsend Roa	d 21221		
	MIDDLE LAST		FIRST	MIDDLE	LAS	1		
160 WAS DECEASED EVER IN U.S. AR	Merritt MED FORCES?   166, SOCIAL SECU	RITY NO.	Lillian 17. INFORMANT	ADDRE	Ruark			
	212-26-			51337 *				
			1 Peddyrallibi	ros 511N.V	NoodwardDr	MATE INTERVAL ONSET AND DEATH		
PART I. DEATH WAS CAUSE	PART I. DEATH WAS CAUSED BY:  DAMADIATE CAUSE (a)  DAMADIATE CAUSE (a)  DAMADIATE CAUSE (a)							
IMMEDIA	IMMEDIATE CAUSE (O)							
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF A COLL							
gove rise to immediate	(b)	17000.						
underlying couse lost.	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying couse last.							
PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
NO		oll s						
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN			
RITIE				YES NO	YES [	NO []		
		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
GIF EITHER NOTIFY MEDICAL EXAMINE	all	19		S. S. S. S.				
(IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OF TOV	VN COUNTY	STATE		
WHILE NOT WHILE AT WORK								
	tal) attended the deceased from_		. 19	, to		that (I) (we) last		
	t) view the body ofter death.		nd that in (my) (our) opinion d	leath occurred on the do				
226. SIGNATURE A. 6	altation 1	ND	ATTENDING PHYSICIAN	MEDICAL STAF	F 22c DATE	SIGNED		
22d. PHYSICIAN'S NAME (TYPE O	PRINT) A PALTAT	7210	220 ADDRESS	ERN BIVI	O BALLOM	A 21221		
11/11/17/10/1	7 1 044(7)	~ >				4144		
23a. BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
Burial	4/15/87	Dullar	ney Valley	Do	TEGISTRATES IGNAT	aryland		

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. injury, or ather traumatic event, me

MPORTANT: If them 21 is marked or them 18 th

(VRA 15, 4)

ConnellyFuneral Home 300 MaceAve

21221

4/20 A bulled give and a cignethed for PARA VILLY OF ELLIPTICA PRINTERS PRINTERS The second of th 13 1381 A r 99A

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If hem 21 is marked ar

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.

FOR XC 1

### XC 15073823

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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0	9	4	6-	
DEC	NO			

	D	REGISTRAR			CEKTIF	ICATE OF DEAL	9 /	REG. NO	<b>o</b> .		
9		CEASED NAME FIRS	7	MIDDLE	l.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TIPE	PII	ERRE	н.	DA	VIS, JR.		APRIL 4, 1	987		12:35P M
	3 SEX	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
		MALE	BLAC	CK	AUGU	ST 7, 192	Ô	66	YRS.	MONTHS DATS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	I V II L
		SHINGTON, D.			WIDOWE	D DIVORC	ED 🗍	BALTIMORE			MD.
1	F	ORT HOWARD	VA MEI	HOSPITAL, NURSIN CHEACHTY, GIVE STREET DICAL CENT	ER	DR OTHER INSTITUTI		120 PRINCIPAL (TYPER LINES TO ALL HIGH SCHOOL	DN P WORKING LI	IZE SPON INDUSTRI BALTO	PUBLIC
5	13a 5	ARYLAND	OUNTY	13c. CITY OR TOWN BALTIMO	N	134 INSIDE CITY LI		13e STREET ADDRESS / 1038 N. BE	ZIP COD NTAL(	BALTIM DU ST./	ORE, MD. 21216
1	14. FA	THER'S NAME PIERRE	MIDDLE H.	DAVIS,	SR.	15 MOTHER'S MAI		MIDDLE		HERND	ŎN
7		VAS DECEASED EVER IN U.:	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	112	BAL TIME	RE, I	MARYLAN	D
4		YES	W.W. II	577 22 2	484	AUDREY J.	DAV	IS 1038 N.			
		18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMMI  Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss	DUE TO, C		NCE OF	UMONIA				BETWEEN	IXMATE INTERVAL NONSELAND DEATH
	TION	PART 2 OTHER SIGNIFICA									
1	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO		4	200 AUTOPSY?	IN CERTI	S, WERE FIND IFYING CAUSE ES []	
1	AL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A	OF INJURY .M. MONTH DA		21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUS	Y IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC }	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		220 I certify that (X)(this saw the deceased alm	اه اسماسممههم دامه مسامسا	ne deceased from	MARCH 87, or	V		Z, to APRIL eoth accurred on the do	4 ote and hou	19 <u>87</u> ur and from the	that (we) last e causes stated
		778 SIGNATURE	11	iler		DEGREE ATTEN PHYSI	IDING	MEDICAL STAP	F IAN		E SIGNED 4/87
		W. JAN KAZM				VAMC, FO	ORT HO	OWARD, MD.	317-90	2	
		BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
		ENTOMBMEN	T 4/09/	1987 ARE	BUTUS	MEMORIAL	PARK		BALTI		IARYL AND
	24 FM	NOTAL PRECEDES ONS	FUNERAL I	HOME, INC.			250 DATE	REC'D. BY REGISTRAR	25 REGIS	TRARE SIGNA	MARE
		1 GWYNNS FAL				21216	AP	2 - 6 1987	gulia,	Durden	Contract of the Contract of th

DHMH - 16 60M 7/84 (VRA 15, 4)

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		LZ, APPLE		
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4/10

		FOR			DEDART	STAT MENT OF I		MARYLAN	-	JVCIEL	ME			
22 0	1-5	STATE REGISTRAR				EXAMIN					A 9/11	NO.	50	
116	I. DEC	EASED NAME	FIRST		MIDDLE			LAST	0		20. DATE KNOWN		DAY YEAR	2b HOUR
	(179%	E OR PRINT)	TRUM	AN	JA	ckson	C. D	AVIS,	JR.		OF ESTI-		18 19 87	M
	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA	ARS. IF UI	NDER 1 YR.	IF UNDER	R 24 HRS.	20 DATE	MONTH	DAY YEAR	2d HOUR 7:05
		ale	White	09 -13-		39 YR		No DATO	NOOKS	MIN	DEAD	4	18 19 87	A
25	FOR	RTHPLACE (ST.		76. CITIZEN OF WE		ITRY?	8 MARR	RIED   NE			9. BALTIMORE CITY	_		
4		lary1a			5.A.		WIDOV		DIVORC					MD.
8	1	TY OR TOWN O	/	11. NAME OF HOS	CILITY, GIVE S	TREET ADDRESS)				FOR	SUAL OCCUPATION ( R MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	RY
		andall		Jeep-fro	NE DESIDENCE	. 38 SN	erat	on Ra.	•	Ca	arpenter		Constru	
34	13a ST		1176 COUL			esvil	10	13d. INSIDE CI	NO X		REET ADDRESS 821 Miner	ral H	2178	
1		ATHER'S NAME			Dyn	es vii	TE	15. MOTHE			F	. a.t 11		-
60		Jackso	n	Truman	-	vis, S	Sr.	FI	rgin:		Dorothy	Sh	ifflett	- 0
7	16a W	VAS DECEASED	DEVER IN U.S. A	RMED FORCES?		CIAL SECURITY		17 INFORM	AANT	La	ADDRE		TITICO	
1	(10	ES, NO, OR UNKNOV	(IF YES, GIV	/E WAR OR DATES)	?			Virg	gini	a Ni	ickoles	Syke	sville,	, MD
4				only ane cause per line	far (a), (b	), and (c).)							APPROXIMATE BETWEEN ONSE	
A		PARTIUE	ATH WAS CAUSI	ATE CAUSE (a) She	otgur	wound	to	head						
3				DUE TO, OR		NSEQUENCE C						19-47		
2		gave ris	ns, if any, which se to immediat	te (b)								- Pro-		
9		cause (a) lying caus	stating the <u>under</u>	DUE TO, OR	AS A CON	NSEQUENCE C	OF					7		
Ö				(c)					19.15	7				
CREMATIO	Z	PART 2 OTHER SIG	INIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PA	IRT 1 'o .		7		
3	CERTIFICATION	190 DATE OF	OPERATION	Ties covini	TIONIFOR	WHICH OPER	ATIONIN	VAS DEBEOR	115D2				In AUTODOW	
BURIAL,	FICA	190 DATE OF	OFERATION	178. CONUIT	IONTOR	WHICH OF LK	ATION	VAS PERFOR	WED!				20 AUTOPSY	
3/	ERTI	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	FINIURY		21c H	OW INJURY	OCCURR	ED LENTER	R NATURE OF INJURY IN ITEM	IS PART LORP	YES X	NO []
OR TO		UNDERLYING		HOUR A.M	MONTH.	DAY YEAR 18- 19 8	3	elf-in			THE ST. III	10 1-10	NR ( 2)	150
RIOR	MEDICAL	21d. INJURY O	CCURRED	21e PLACE C		(AT HOME,	21f LC	CATION						
21201	*	AT WORK	NOT WHILE 2	(jeep	) fron			Sherat	on R	d.	CITY OR TOWN		lto.	MD
ID, 2		NA TORRES		rge of the remains des	cribed abo	ave. Reld on	Autor	osy X	Inspectio	an .	Inquiry .	and in my a	pinign	
ARYLAND,		death resulte	ed frage Hot	rurgi kauses Di	Accident	Su Su	icide X		ide .	Unde	etermined manner	],		
A.		10000	1 11	11 //	48				PECIEY)					

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFIER DEATH, WITH THE STATE DEPARAMENT OF HEALT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE

07/84 25M

**DHMH - 17** (VR A15 ME (5)) EXAMINER'S NAME (TYPE OR PRINT)

BURIAL

Charles P. Kokes, M.D. 230. BURIAL, CREMATION, REMOVAL 04-23-87

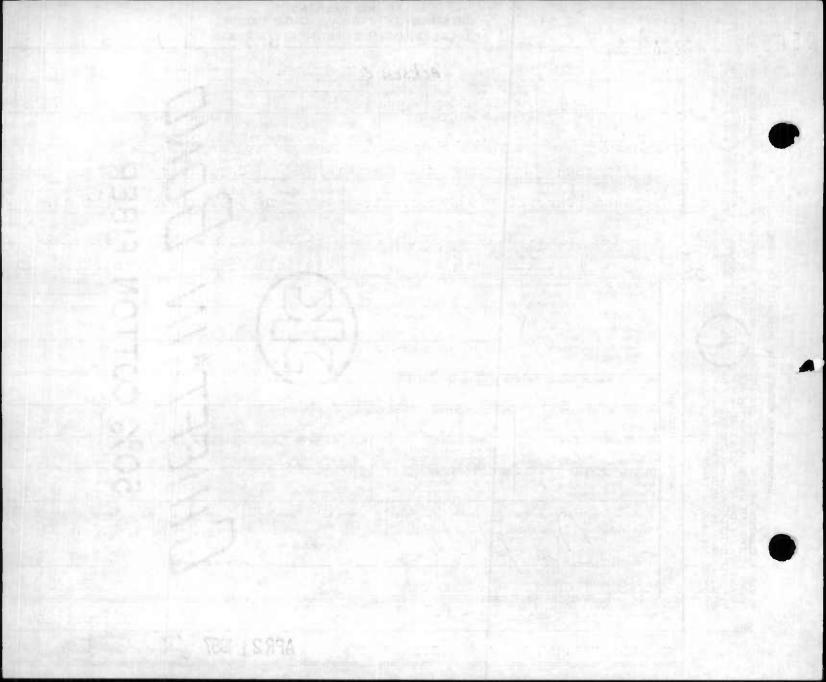
23c. NAME OF CEMETERY OR CREMATORY Lake View Cemetery

Assistant

111 Penn St., Balto., MD 21201 236 LOCATION Sykesville Carrol1

4-18-87

FUNERAL HOME SYKESVILLE, MD



049806

sician and campletely filled in by the funeral director, page 3 pers. Pages 1 and 2 should be filled within 22 hours after death

# STATE OF MARYLAND

1	FOR		DEPARTA		EALTH AND MEN		ENE			
28	STATE REGISTRAR			CERTIF	ICATE OF DEA	TB /	Q <sub>EG.</sub>	3. 9	5 1	
	CEASED NAME FIRST		AIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
TYPE	ORPRINT) ELLA		E.		DAY		4-1-		1	11 A A
3 SEX		4. RACE		5. DATE C		YEAR	AGE (IN YEARS LAST !	IRTHDAY)	MONTHS DAYS	HOURS MIN.
	Female	CAUCAS	SIAN	3	15,18		88	YRS.		
7a Bi	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER MARE	RIED [	BALTIMORE CITY	OR COUNTY	OF DEATH	Er.
V	irginia	U.S	S.A.	WIDOWE			Baltim	ore C	ounty	M
10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUT		120 USUAL OCCUPA			F BUSINESS OR
	ddle River				c Cente	r	Homemak	er	Own	Home
130 3	TATE HAM HAM HAM HAM	other institution of the oton	GIVE RESIDENCE BEFORE  134. CITY OR TOWN  Cape Ch	admission) arle	138 INSIDE CITY L		Rte. 1,	ZIP COD	20699	23310
14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	E MIDDLE	3500	1.45	
/		drew	Morrow		Abaq	ail	MIDDLE		Laffe	rtv
	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS		1237
()	es, no or unknown) (IF yes, Git	VE WAR OR DATES)	218-18-	8198	Charle	s A.	Day, Jr	. 17	Chopt	ank Av
	18 CAUSE OF DEATH (Enter or									MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	BIL. CYA	ō.	CARDIAC	ARR	EST	denote de la constante de la c		
	I TOTAL DITA		R AS A CONSEQUE				No. of the last			
	Canditions, if any, which	(b)	of de		2.	wal	els"			
	gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NICE OF	1000	-				
	underlying couse last.	(6)	· As A CONSEGUE	1402 01	1.44 miles	5 014				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITIONGI	VEN IN PART III	0
NO										
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
TIFIC							YES NO		S [	NO [
CER	210 ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	ald		19	To Strandon					
MEDICAL	214 INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OR	OWN	COUNTY	STATE
¥	AT WORK AT WORK	(AT HOME, SIK	EET, FACTORY, OFFICE F	ARM EIC	31100			1,211		
	22a 1 certify that (I) (this hasp	ital) attended the	e deceased from	Agra	ret 1957.	9	, to 4.1.	196	JA	that (I) (we) last
1	saw the deceased alive or above, (1) (we) (did) (did no	t) wew the bady	after death	. 01	nd that in (my) (our	) opinion de	eath accurred on the	date and hou	or and from the	couses stated
	226. SIGNATURE	or view the oddy	)		DEGREE		THE REAL PROPERTY.		22c. DATE	SIGNED
		24	/ .		ATTE	NDING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	14.	1.87.
20	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	بالاست			1000	
151	TARIQUE A.	FIROZV	i MD.		223 E	ASTER	N BOULE	MARD	BALTA	MD 2122
23a. 8	JURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREA		23d LOCATION	7,150		7
	Burial	Apr.3,	1987 Ga	rden	s of Fa	ith	Overle	a. Ba	lto.	Md.
	OBERTOR. ALT						REC'D. BY REGISTRA			
IV.		Rd., Ba				APF			Devider.	

TO FUNERAL DIRECTOR. After this certificate has been signed by ishould be detached for use as the buriol-transit permit. Then please, with the State Dept. of Health and Mental Hygiene prior to buriol, critical Programs, and the Transit of the Manual Mappens of the Manual Ma BP. DHMH - 16 60M 7/84 (VRA 15, 4)

and the second of government The state of the s repeated the first the residence of Body and the second of the second . Carrier and American Company of the Company of th

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		FOR
1	-	STATE
		DECASTO AD

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIESCATE OF DEATH

Q 9	4	5	2
REG. NO.			

	CEASED NAME FIRS	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. H	OUR
27	Les	ter N.		Dean		04	21 87	7	:12a
3 SE)	х	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YE	AR IFUN	DER 24 HRS
Ma	ale	White	MG	3-17-1921 YEAR	66	YRS	MONTHS DAY	S HOUR	(S MIN
7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY				
	lto., MD	USA		WED DIVORCED	Baltimor	e Cou	unty		٨
10. CI	TOWSON	(IE NOT IN SUCH FACIL	LITY GIVE STREET ADDRESS	Medical Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Office	TION	12b. KINE INDUSTE		
USUA	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE ADMISSIO		Office	•	Ches	ssie	Sys
13a. S	MD 136.0	OUNTY 13c. (	Lto. City	YES  NO □	13e STREET ADDRESS 3903 E. NO			212	206
100	THER'S NAME Clarence	MIDDLE	Dean	15. MOTHER'S MAIDEN NA Theodosia	MIDDLE		Lap	LAST DD	
	VAS DECEASED EVER IN U.		SOCIAL SECURITY NO	D. 17 INFORMANT	ADDI	RESS			
	YES, NO OR UNKNOWN) (IFY WW)	S GIVE WAR OR DATES) I Marines 21	15-12-4347	Jeanne E. Dea	an, 3903 E.	NOrt	hern Pl	cwy.	212
	18. CAUSE OF DEATH (Ent	er only ane cause per line f	for (a), (b), and (c).)					OXIMATE I	
	PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (a) Car	rdiorespir	atory Arrest					
	Canditions, if ony, whice gave rise to immedio- cause (a), stating the underlying couse las	h (b) Met	A CONSEQUENCE O tastatic C A CONSEQUENCE O	arcinoma F					
ATION	gave rise to immedio cause (a), stating the underlying couse las	h (b) Met	A CONSEQUENCE O	arcinoma	AINAL DISEASE OR COI	20b. IF Y	ES, WERE FIN	DINGS U	
TIFICATION	gave rise ta immedio cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICA	h (b) Met	A CONSEQUENCE O	arcinoma  F  BUT NOT RELATED TO THE TERA		20b. IF Y		DINGS U	
AL CERTIFICATION	gave rise ta immedio: cause (a), stating the underlying couse las  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	h (b) Met  e  DUE TO, OR AS  (c)  NOT CONDITIONS CONTR  196 CONDITION  G	A CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED  AR 21c HOW INJURY OCCUR	20g AUTOPSY? YES NO	20b. IF Y	ES, WERE FIN TIFYING CAUS YES []	DINGS U SES OF D NC	EATH?
MEDICAL CERTIFICATION	gave rise ta immedio: cause (a), stating the underlying couse lass  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (III EITHER NOTIFY MEDICALEXA)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICALEXA	h (b) Met e le	A CONSEQUENCE O  RIBUTING TO DEATH S  FOR WHICH OPERA  RONTH DAY YE	BUT NOT RELATED TO THE TERM THON WAS PERFORMED  21c HOW INJURY OCCUR 19 211. LOCATION	20g AUTOPSY? YES NO	20b. IF Y IN CER	ES, WERE FIN TIFYING CAUS YES []	DINGS U SES OF D NC	EATH?
	gave rise ta immedio: cause (a), stating the underlying couse las  PART 2 OTHER SIGNIFICA  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE: (IF EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this saw the deceased ali	he (b) Met  e (c) DUE TO, OR AS.  (c) (c)  INT CONDITIONS CONTR  I9b CONDITION  G	A CONSEQUENCE O  RIBUTING TO DEATH E  FOR WHICH OPERA  IURY MONTH DAY YE  ACTORY, OFFICE, FARM, ETC.  REGSED FROM APPT  19 87	BUT NOT RELATED TO THE TERM TION WAS PERFORMED  AR 19 211 LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO APP 11	20b. IF Y IN CER URY IN ITEM II	VES, WERE FIN. TIFYING CAUS YES  B PART LORPART: COUNTY	DINGS U ES OF DO NO	STATE
	gave rise ta immedio: cause (a), stating the underlying couse las  PART 2 OTHER SIGNIFICA  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE: (IF EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this saw the deceased ali	he (b) Met e DUE TO, OR AS. (c)  NOT CONDITIONS CONTR  19b CONDITION G	A CONSEQUENCE O  RIBUTING TO DEATH E  FOR WHICH OPERA  IURY MONTH DAY YE  ACTORY, OFFICE, FARM, ETC.  REGSED FROM APPT  19 87	AR 211 LOCATION STREET 19 87	200 AUTOPSY?  YES NO CITY OR TO A POPULATION AND A POPULA	20b. IF Y IN CER	COUNTY	DINGS U ES OF DO NO	STATE
	gave rise ta immedio: cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. (IN EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EX. 27a. I certify that (I) (this saw the deceased all above. (I) (well-thirt to	he (b) Met  te  te  te  te  te  te  te  te  te	A CONSEQUENCE O  RIBUTING TO DEATH E  FOR WHICH OPERA  IURY MONTH DAY YE  ACTORY, OFFICE, FARM, ETC.  REGSED FROM APPT  19 87	AR 21c HOW INJURY OCCUR  21c HOW INJURY OCCUR  21l LOCATION  STREET  1 21, 19 87  Ond that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO A POPULATION AND A POPULA	20b. IF Y IN CER	COUNTY	DINGS U EES OF D NC	STATE
	gave rise ta immedio: cause (a), stating the underlying couse las  PART 2 OTHER SIGNIFICA  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (1) (this saw the decased all above, (1) (weel-trich)  22b. SIGNATU	DUE TO, OR AS.  (c)  INT CONDITIONS CONTR  19b CONDITION  G	A CONSEQUENCE O  RIBUTING TO DEATH E  FOR WHICH OPERA  IURY MONTH DAY YE  ACTORY, OFFICE, FARM, ETC.  REGSED FROM APPT  19 87	BUT NOT RELATED TO THE TERM TION WAS PERFORMED  21c HOW INJURY OCCUR AR 19 21l LOCATION STREET  1 21, 19 87  Ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO CITY OR TO A POPULATION AND A POPULA	20b. IF Y IN CER	COUNTY	DINGS U EES OF D NC	STATE
MEDICAL	gave rise ta immedio: cause (a), stating the underlying couse las  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (III EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this saw the deceased all above, (I) (well-third) to  22b. SIGNIATU	DUE TO, OR AS A CONTROL OF THE CONDITIONS CONTROL OF THE CONDITIONS CONTROL OF THE CONDITIONS CONTROL OF THE CO	A CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED  21c HOW INJURY OCCUR AR 19 211 LOCATION STREET  1 21, 19 87 TO ONLY OF THE TERM DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO A POPULATION AND A POPULA	20b. IF Y IN CER	COUNTY	DINGS U EES OF D NC )	STATE

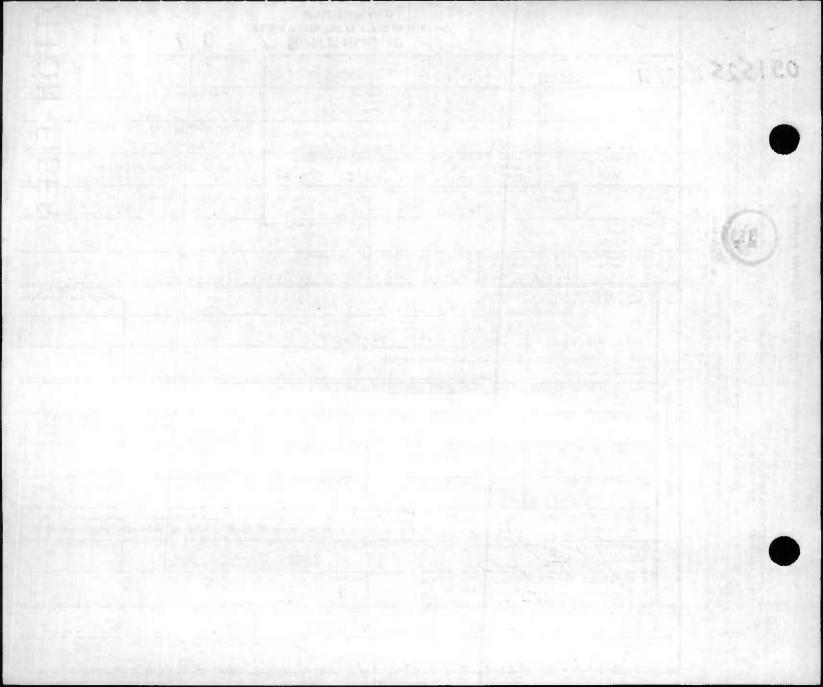
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers. Fewith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove?

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

(VRA 15, 4)

BP.



FOR			
STATE			

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATR

O. 9. 9	5	3
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	A de la	REGISTRAR							RE	G. NO.		
		CEASED NAME OR PRINT)	David		thony	De t	Ingelia	945	20 DATE OF DEA	18. 1	1987	10:45 P.
	3. SEX	Male		RACE Whi	0	5. DATE OF	9	YEAR 50	6. AGE (IN YEARS LA		IF UNDER I YE	
5	7a. BIF	RIHPLACE (STATE OF	,	U.S.	WHAT COUNTRY?	8		ARRIED XX	9 BALTIMORE CI		TY OF DEATH	MD.
00	10 CI	ty or town of D	19		OSPITAL, NURSIN FACILITY, GIVE STREET IN ESTIMATION		OTHER INST	ITUTION	120 USUAL OCCU		G LIFE) 126 KIND INDUST	of Business OR
gc	13a. S	AL RESIDENCE (IF NO	JAP COAN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  CONTROL  CONTROL	nd	13d. INSIDE CI YES []	NO XX		ess ; zip co	Vay 212	24
80		James	J	onn.	DeAngel	is Sn	Ar	MAIDEN NAM FIRST	Mas		Cru	isse
/ medica		VAS DECEASED EVE VES, NO OR UNKNOWN)		WAR OR DATES	216-58-2		Sr. Geo.		M. DeAnge			7 Westham
cevent, th		PART I. DEATH	WAS CAUSED		linefor (a), (b), and Dissemin		mycob	acter			lulame	OXIMATE INTERVAL EN ONSET AND DEATH
other troumate		Conditions, if or gove rise to in couse (a), sta underlying cou	mmediate ting the	10)	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			funct	ion			
injury, or	NO	PART 2 OTHER SK	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT N	OT RELATED	TO THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN PART	lio
9 gun	CERTIFICATION	190 DATE OF OPER	NOITA	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WERE FINI RTIFYING CAUS YES [	DINGS USED SES OF DEATH?
9		210. ACCIDENT WAS U OR CONTRIBUTING [	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	YEAR 19	21c HOW IN	JURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART 2	2)
orked or	MEDICAL	21d. INJURY OCCU	WHILE WORK	21e PLACE (	OF INJURY EET FACTORY, OFFICE, F	ARM, ETC )	211 LOCATIO STREET	ON CO	CITY	OR TOWN	COUNTY	STATE
n 21 is mo	(	27s touty the	this hospit ued all e on Idid I did no	view the body	ofter death.	7	I theat in my	, 19 <b>8</b> (our) apinian d	to4	he date and	, 19 Nour and Irom t	, that (II) we) last he causes stated
ZT: If Hen	,	Same	ul	West	uch	W	í		MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DA	20/87
IMPORTANT:		Samuel	V	strick	k, M.D.		3100 _		ul Street	Balto	.Md.	
<u> </u>	- 1	SURIAL, CREMATION SPECIFY) Burio	L, REMOVAL	23b. DATE 4-21-	87 (36.1	Dak La	un Ceme	tenu	23d LOCATION CITY OF TOTAL	od Bo	ulto Co.	Md. STATE
7/84		arles S.Z	eiler.	& Son I	nc. 6224	Easte	rn Ave.		R 2 1 198	7 Julia	Distar's SIGN	Rodals

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

St. St. II and Senting The days of the second of Surger and appropriate follows and problem 70% to be discussed ACCVC real residue TCV sec control con are som lenge is a fue The second state of the second state of the second 0 12 1714 - 13 0 12 th 1/2 0 500 Was E. Land Street of B. Mr. Sant A . Lieve Den Mc. 1224 Contract Ve.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	P.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Por retained by the haspital or attending physician.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by it should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cir.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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urector, page 3 burs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 7STATE REGISTRAR	DEPART		EALTH AND MENTAL HYC	GIENE QEG.	2 9 5 4		
	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
(TYP)	Frank Frank	Mervin	Ι	eJohn	April	1 1987	The same	
3. SE	X	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BE			
	Male	White	Augu	st °5 1927	59	YRS.	S HOURS MIN	
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE[	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH		
	Pa.	USA	WIDOWE			re County	^	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		170 USUAL OCCUPAT	OF WORKING LIFE) INDUSTR	OF BUSINESS C	
	iddleRiver	1 2215 Graytho		oad	Disabil	ity		
13a.	STATE 13b COUR	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR	PE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	Md. Bal	to. Middle	River	YES NO K	2215 Gr	aythorn Ro	oad 212	
14. E/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		AST	
	Frank	DeJohn		Clara	1110000	McMurt	rie	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR			
- (		W11 220-82	-8935	Catherine	DeJohn 2	215Graytho	ornRoad	
	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), ar					DXIMATE INTERVAL NONSET AND DEAT	
	PART I. DEATH WAS CAUSE	DBY:	TE N	SIVE CAR	D10 074	SCHOOL		
	IMMEDIA	TE CAUSE (a) H 16 1/2	16.14	3015 01010	2016	D 0		
	6.0	DUE TO, OR AS A CONSEQU	ENCE OF		1700 6	H38		
	Canditions, if any, which gove rise to immediate	(b)						
- 3	cause (a), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF					
	underlying cause last.	( 10)						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
N								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	INGS USED	
F						IN CERTIFYING CAUS		
E				Ta: (10)	YES NO	YES	NO 🗌	
	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2	)	
S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	118	211 LOCATION	CITY OR TO	OWN COUNTY	STATE	
×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITYORI	OWN COONIT	STATE	
				01	13 1	00		
	sow the deceased alive on	attended the deceased from _		, 19 <u>8</u>		19 6 /	., that (1) (we) lo	
	abave, (1) (we) (did no	at) view the body after deoth.	, an	d that in (my) (our) opinion	deoth occurred on the o	tate and haur and from the	ne causes stated	
	22b. SIGNATURE	m 0		DEGREE		22c, 9A	TE SIGNED	
	1st	men		ATTENDING PHYSICIAN	MEDICAL STA		5-87	
			22e. ADDRESS					
	22d. PHYSICIAN'S NAME (TYPE	OK PRINT)		110.710011200				
	Dr. Ba Yin			8022 Bel	air Road			
	Dr. Ba Yin	Oung	NAME OF C		23d LOCATION	COUNTY	STATE	
	Dr. Ba Yin	Oung		8022 Bel	23d. LOCATION CITY OR TOWN			
	Dr. Ba Yin BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	Oung   23b. DATE   23c.   4/4/87   H		8022 Bel	23d. LOCATION CITY OR TOWN  V Middle	COUNTY River Ball 755 RECEIRARS SIGN	-O. Md	
24 F	Dr. Ba Yin BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR NAME	Oung	ollyF	8022 Bel EMETERY OR CREMATORY IIIl Cemeter 75a. DA:	23d. LOCATION CITY OR TOWN  V Middle	River Bald	o Md	

4/10 THE CONTRACTOR STATE ALL TOWN AND TOWN NAMED IN

injury, or other troumotic event, the

TO FUNERAL DIRECTOR hould be detached for un with the State Dept. of He

DHMH - 16 60M 7/B

(VRA 15, 4)

BP.

FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	(TYPE	OR PRINT)	ETHE	=6	_	_	EITZ		4-27.	- 87	240	
	3. SEX			4. RACE	1	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UN	- B-EII / - CE /- III	IF UNDER 24 HRS	
		Femal	10	White 6		DS.	-06 - 20	66	YRS. MONTH	HS! DAYS	HOURS MIN.	
-		THPLACE (STATE OR F		7b. CITIZEN OF	WHAT COUNTRY?	8	77	9 BALTIMORE CITY		DEATH		
1	C	Maryla Maryla	and	U.S.A. MARRIED WIDOWEI			DA NEVER MARRIED	Baltimore				
100	10. CIT	TY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUAL OCCUPAT		2b. KIND OF	BUSINESS OR	
5	Randallstown  Baltimore County  BUSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE			y Gen	eral Hospital	Housewife		NDUSTRY				
notice.	13a S		13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	007		
2		ryland	Balt	imore	Baltime	ore	YES NO 🛣	2933 Ridge	Road	21207		
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE		LAST		
	Ch	arles		C.	Rauch		Catherine			Albrec		
1		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ES\$2933 Ri	dge R	oad	
	No	ES, NO OR GIARTOWAY	111 123, 011	t WAR ON DATES!	218-09-9	250	Mr. Phillip	M. Deitz	Baltimo	re, M	D. 21207	
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), one	d (c).)				APPROXIM BETWEEN ON	NATE INTERVAL	
			PART I. DEATH WAS CAUSED BY:    MANUAL CAUSE (0)   CARLING RES PIRMO PY ARREST.									
				DUE TO, O	R AS A CONSEQUE	NCE OF	. 0 - 5	0 111 -	\		110372	
		Conditions, if ony,		(b)	Ve	utu	icular 17	milla	'ou -			
	1	couse (a), statin	ig the	DUE TO, O	R AS A CONSEQUE		-	4	*			
		underlying couse	lost	(c)_	M	406	ARMAL .	LNFARCI	1000			
Я	7	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN I	N PART Tro		
	FICATION	19a DATE OF OPERA	ION	Int CONT	ITION FOR WHICH	ODEDATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	PE EINIDINI	CCHEED	
2	TIFIC/	190. DATE OF OPERA	11014	196. COND	THOM FOR WATCH	OFERATIO	WAS PERFORMED	YES NO	IN CERTIFYING	G CAUSES C		
4	CERTI	210. ACCIDENT WAS UND		21b. TIME C	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	ORPART 7)		
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		TH.	M.	19					Constitution of the last	
	MEDI	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ABAN EIG I	211. LOCATION	CITY OR TO	OWN	COUNTY	STATE	
	Σ	WHILE NOT WH	RK RK	TAT HOME, ST	REET, PACTORY, OFFICE, P	ARM, ETC.)	1			0		
		22a.1 certify that (1)	(this hospi	tol) ottended th	e deceosed from_	4	125 19 85	7 to 4-	27 19_	S. , th	not (I) (we) lost	
		sow the deceose obove, (I) (we) (c			ofter death	57.0	d that in (my) (our) opinion	death occurred on the d	lote and hour and	I from the co	ouses stated	
		22b. SIGNATURE	-	N.	An		DEGREE	THE RES		22c. DATE S	IGNED	
1			-	Vin	18/18	M	D ATTENDING PHYSICIAN [	MEDICAL STA		4-	27-89	
1		22d PHYSICIAN'S NA	AME TYPE O	R PRINT)	-		22e ADDRESS					
1			RI	DEVE	STITE		BALTIM	OPE COU	JT4 6	EVE	A M/ Haco	
-		URIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1			
	(:	Burial		4/30/8	87 Mo	unt O	live Cemetery	Randallist	own Balt	Timore	Maryland	
	24 FU	INERAL DIRECTOR	- D	no Funci	nol Direc	torc	Tno 25a. DA	TE REC'D. BY REGISTRAF	256 REGISTRAR	SSIGNATU	RE	
	872	NAME Loring 28 Liberty	Road	Randa	11stown,	MD.	21133	PR 2 8 1987	Julia De	ridorn-	andres.	

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Party Company			
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whom fallet	REC'D. BY REGISTRAR 125. REGISTRA		• 9VÁ9D	ILK 300Wa	uneralPa	: ОИЕВАЕ DIRECTOR МАМЕ ТОТОВ		MH - 16 60M 7/B4 (VRA 15, 4)	НО
Ed. Marylan	CILLOS TOWN BAL	л Рагк	Louder	18/54/87	Lal 4	(SPECIFY) BUL			
752	13 Square Drive 21		133c NAME OF CE		h L. Owens	Sara	730	TO FUNERAL should be deta with the State IMPORTANT:	TO HOSPIT
121 (St. DATE SIGNED	MEDICAL STAFF MAIDISYHY   MOTOSPILI	PEGREE  PHYSICIAN  PHY	]	~~n	D & L	236. SIGNATURE	+	etoined by the hospital TO FUNERAL DIRECTO should be detoched for with the Stote Dept. of IMPORTANT: If them 21	ITAL OR
	o nuck bno stob off no become hour o	8 9f <u>Al</u> b noinigo (auo) 🔌 ni toft b	20	17 71	itto (lojiqzon zint) m MMA no svilo bszos walv (tpo bib) (bib) (	sow the deci		Spital or CTOR: Af for use o of Health	ATTENDIA
STATE STATE	NWOT RO YILD	VII LOCATION	QTENCE, FARM, ETC.)	P.M. PLACE OF INJURY THOME, STREET, FACTORY, C		MHITE NO	MEDIC	ottending ter this ce is the buri n and Mer rked or Ite	IG PHYSI
	1849 81 M3TI MI YRULMI 40 38UTAM 83TM3) G	ZZ HOW INJURY OCCURR		YAULNI 40 FINT A TTMOM . M.A AUOI M.A.	H HIVE OF DEATH		AL CERTIFIC	ng physicion. certificate has b rial-transit perm ental Hygiene pr frem 18 sh	CIAN: Th
WERE FINDINGS USED  WE CAUSES OF DEATH?	200 AUTOPSY? 206. IF YES, V  Y  YES   NO   Y  YES	MAS PERFORMED	VHICH OPERATION	S. CONDITION FOR W	161 NOITAR	190 DATE OF OPE	IFICATION	bee prior ony	e low re
OIL TAA9 MI	NAL DISEASE OR CONDITION GIVEN	NOT RELATED TO THE TERMI	C TO DEATH BUT	IONS CONTRIBUTIN			ž	n signed b Then pleas to buriol, injury, or a	ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours i
			SEQUENCE OF	(b) (b) OR AS A CON:	ətoibəmmi			y the office remove cremotion	of the de
	noitore	fui metenisma		(o) E TO, OR AS A CON:	IMMEDIATE CAUS			ending p corbon, n, or rem	oth certif
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		t sarres t	n an Om I ud	ouse per line for (o), (	ATH (Enter only one of WAS)	18 CAUSE OF DE PART L DEATH		shysicio popers novol.	cote b
,Візк фоскмау	ADDRESS. 116212.	IN MEILLIM :	74-3572 SECURITY NO.	(231AG S	ER IN U.S. ARMED FC	UO (1E2' NO OB NHKHOMH) MAS DECEASED EA		n ond co Poges 1	execut
FV21		NAU MOTHER'S MAIDEN NAN FIRST ===	14	Броке	Mibbit	ATHER'S NAME FIRST	) N	mpletely mx2 sh	ed within
w Road21222	13e.5TREET ADDRESS / ZIP CODE	LES UN ON LIBER IN LES	GELOWIN STOWN	13° CITY OF	13Р СОПИТУ ВЗТСО	AL RESIDENCE (# ^ STATE MG •	130	filled in loads be f	24 hour
INDUSTRY	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	Rother Institution	<b>NESING HOWE O</b>	Y SNK L IN NOT IN SUCH FACILITY, GIVE NOT IN SUCH FACILITY, GIVE	OEATH II. NA	I Liveroni [Liveron	1/	by the fu	s ofter d
	Baltimosecity <u>or</u> county or thuo? Gounty	☐ NEVER MARRIED ☐	MIDOWEI 8	TEN OF WHAT COUNTY	ORFOREIGN 7b. CITI	IRTHPLACE (STATE COUNTRY)	8 04	neval dira	eoth. Pos
UNDER I YEAS HOURS MIN.		8A3Y YAQ	S. DATE O MONTH	МЪі́те	. G €. RAC	х Гета]	3. 5	ector, po rs ofter d	se 4 moy
W 401:9	A Self of DEATH MONTH DAY  NOTE OF DEATH MONTH DAY	12.4	DIETZ	E. WIDDLE	Enest	CEASED NAME	21 18	125	190
	REG. NO.	UMV36 10 31V3	HINTS			REGISTRAR			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND

REGISTRAR STATE - [ FOR

(VRA 15, 4)

# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OREG. SO.	4	5	1
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0	10	REGISTRAR				CERTIF	ICATE OF L	EAH /	U <sub>REG.</sub> 70. 9 3				
1.5		EASED NAME	FIRST		MIDDLE	, L	AST		20 DATE OF	DEATH	MONTH D	AY YEAR	2b HOUR
	(TYPE	OR PRINT)	Mary	17	1	DIET	17				4 2	4 87	1100 A M
Н	3. SEX	,		4 RACE		5. DATE C	LTGID 3		6. AGE (INY	EARL LAST BIRT	MDAY!	IF UNDER I YEAR	IF UNDER 24 HRS
П						MONTH		YEAR	O. AOL THE		M	ONTHS DAYS	HOURS MIN.
0		Emale		WHITS		12	-	98		88	TRU.		
7		OUNTRY)	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IEI	NEVER /	AARRIED T	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH	
		Tennesse	٩	USA		WIDOWE		VORCED	Bal	timo	re,	SOUNT!	MD.
-	10. CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME C		ITUTION	12a USUAL				F BUSINESS OR
	Ra	ndullston	N		H FACILITY, GIVE STREET	_	1 77	4 1	(TYPE OF WORL				717
7	MaUA	L RESIDENCE (IF NUE	RSING HOME OR		re County		eral Ho	spital	Sales	perso	n .	Gift S	онор
	13a S		136. COUN	1TY	13c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e.STREET A	ADDRESS /	ZIP CODE		
)		ryland	Balti	lmore	Rockdale	2	YES 🗌	NO X	The state of the s	Ellen	Rd.	2	1207
A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER"	MAIDEN NAA	WE	MIDDLE		LAS	*
		Davi		G.	Pvle		-10.1	Josephi	ne	MIDDLE	Mon	eyhun	2 1
		AS DECEASED EVE			16h SOCIAL SECU	RITY NO.	17 INFORMA	NI Finks	hura	ADDRE:		21048	8
		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220 1/4 /	1.16			_	r <sub></sub> 22		estnut	
	No				220-14-4		Mr. Da	vid A.	Pyre J	1 22	V3 CII		
		18 CAUSE OF DEA PART I, DEATH \	TH (Enter on WAS CAUSE	lly one cause per DBY:	line for (a), (b) and	((0).)	2 16			Car	+	BETWEEN	MATE INTERVAL ONSET AND DEATH
			IMMEDIAT	E CAUSE (a)		V. ol	3 dl /1	non	a	11es	Л		
				DUE TO, O	R AS A CONSEQUE	CE OF	1		1.1		0.	4	
Conditions, if ony, which ( 1b) attorcooperate all conditions of the conditions of t									4	ers			
gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										1			
underlying cause lost.										V			
П		PART 2 OTHER SIG	NIFICANTO	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISE ASI	E OR COND	ITION GIVE	NI INI DADT 1.	
	Z							10 1112 1211111		201120112			
il.	CERTIFICATION	19a DATE OF OPERA	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTO	PSY?	20b. IF YES.	WERE FINDI	NGS USED
7	FIC										IN CERTIFY	TING CAUSES	OF DEATH?
Н	RT	21g. ACCIDENT WAS UP	IDEBLANC _	21b. TIME O	E INTILIDY		Tale HOW/IN	ILIDY OCCUPD	YES	ио 🗌			NO [
9.		OR CONTRIBUTING		110110	M. MÖNTH DA	Y YEAR	ZIC. HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM TE PA	ART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEE	DICAL EXAMINER	P.,		19							
	EDI	214 INJURY OCCUI	RRED	21e. PLACE	OF INJURY	DAA STC 1	211 LOCATIO	N		CITY OR TOW	/N	COUNTY	STATE
	2	AT WORK AT WO	OFR	(XI HOME, STA	ett, ractor, orrice, ra	4, 5, 6, 6, 7		- /					
		220.1 certify that (	his hospi	tol) ottended fh	e_deceased from_	0	0	. 19 8 E	2 . ta	12	4-1	9 7	that (I) (we) last
ч		sow the decea	sed alive an	1) view the bady	2 19_	Com, Or	d that (my)	our) opinian o	death occurre	d on the da	te and hour	and fram the	causes stated
-		22b. SIGNATURH	(did) (did no	1) view the bady	after death.		DEGREE		-/			22c DATE	SIGNED
		0		1. Ha	(anol		n	TTENDING _	MEDICAL	STAF		115	2462
Н			W.	Here	Corner	2		PHYSICIAN (	DIRECTOR	PHYSICI	AN	14-	-187
		22d. PHYSICIAN N	AME TYPE O	OR PRINT)	(1)	1110	22e ADDRES	5 11	1	01	1	1100	111111
		1q	HU	ne (	200 cu	VMI	186	10 LI	201	1195	y Ma	Sel Mi	W44150
	23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	REMATORY	23d. LOC /				100
	(3	SPECIFY) Buria	1	4-27-8	7 1.7	odlar	vn Ceme	tary		ortown lawn	Ro1	timore	MD
	24 FU							400			Sh RECHSTE	ANSSIGNA	
		NAME			Funeral I			IIC A	PR28	1987	Julia	Dangers.	Gorgeon
	8/	28 Libert	y Rd.	Randal	Istown, A	ID ?	21133	N	11/20		<u></u>		

DHMH - 16 60M 7/84 (VRA 15, 4)

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A WOTE - K			/0	
		86 4		
15. 5				
	A. A.			
	A. A.			

# executed within 24 hours ofter death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

49595

filled in by the funeral director, pould be filed within 72 hours after

STATE OF MARYLAND

	07-	FOR STATE REGISTRAR	DEPARTM		ATE OF DEATH	IENE REG.	<b>a</b> 9	4 5	8
	(TYPE	CEASED NAME FIRST  OR PRINT)  WILL			1665	20 DATE OF DEATH	187	DAY YEAR	26 HOUR
l	3. SEX	m	RACE	5. DATE OF MONTH	DAY YEAR 9	6. AGE (IN YEARS LAST	7 YRS.	MONTHS DAYS	IF UNDER 24 HRS
	С	OUNTRY)	USA	WIDOWED		9. BALTIMORE CITY	TO,		MD
	61	ACT. CITY	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	address)	OTHER INSTITUTION	Type of work for MOS			of Business or
	13a. S	MO BAL		N 1	3d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S SZIP CODI	AW	PLACE
		FRANK	DIGGS		RETS MAIDEN NA	MIDDLE	REP	WE:	2
		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 2(3-0	1-9/60=	TUDIAN	A DIE	ESS.	SI	A
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BET WEEN	MATE INTERVAL ONSET AND DEATH					
	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	
		2)0. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	13b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	NJURY IN ITEM 18 1	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		TIL LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		22a.l certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did nat)	4/1/97 19		that in (my) aur) apinion	ta \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dote and hou	ond from the	
		226. SIGNATURE	Mazeel		GREE ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN	22c. DATE	SIGNED 1/1/87
		22d PHYSICIAN'S NAME (TYPE OR	MAGOD		22 S. Gre	ene sta	UOF	= m1) H	105P.
	(	URIAL, CREMATION, REMOVAL DULIA	23b. PATE - 87 H	L bbard	Hill Cem.	23d LOCATION City or town	RIVE	NEW	SO A LATE
	34 FL	INERAL DIRECTOR NAME / I homosoy	1F.H. 1913 W	Bal	to. St. API	R - 6 1987	AR 256 RIGIS	PAR'S SIGN	HREICEI.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbi with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or it

retained by the hospital or attending physician.

BP.

injury, or other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shows any

OF Habre of the Come 05/632

STATE OF MARYLAND

MEHI	Ur	HEAL	IN AND	MENTAL	пп
CE	RTI	FICA	TE OF	DEATH	

JIENE	do de		-010	
1	GEG. NO.	4	5	-
	MREG. NO.	II.	-	

	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE O S	9 5	9		
	1 DE	GEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
6		ORPRINTY	Y THERESA DIPPEL			To ball of beatti				
	3 SE		THERESA	5. DATE C		AGE (IN YEARS LAST BIRT	4 23	87 DER I YEAR	1238PM	
	3 SE.			MONTH	DAY YEAR		MONTH	5 DAYS	HOURS MIN,	
- 4		FEMALE	WHITE		16/1914	7.3 YRS.				
20 4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH		
35		Maryland	U.S.A.	WIDOWE			YTNU		MD.	
30	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		L KIND OI	F BUSINESS OR	
100		TOWSON	ST. JOSEPH H	OSPIT	AI	Home maker				
(A.b.	13a. S	MD BAL			YES NO	13e STREET ADDRESS / 12424 REG		2/C D HY	DES.MD	
包山	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS1		
5/		John Bernard Ti			Mary	Loanes				
0	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	ssBaltimo	re,	MD.	
2 /	(	YES NO OR UNKNOWN) (IF YES, GIV	212 05 :	1171	John J. Dipp	el, Jr. 730	3 Belain	Roa	d 21206	
umotic event, th			ly one couse per line for (o), (b), on D BY: E CAUSE (o)	ENCE OF S	Pulmon on	In Vase D	Poto was	BETWEEN	MATE INTERVAL	
, or other tro		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ather	we, Hypen	habinia (5.	- Selec	helifte	enhalmer)	
y injury	TION	Kensle	-sufficiency	Co	1P1) Leven	L Zheun	-tont 1	3nth.	nites	
3	CERTIFICATION	190 DATE OF OPERATION	196. Edindition For WHICH	POPERATIO		200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES		
tem 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)		
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	FARM, ETC )	211 LOCATION STREET	CITY OR TO	NN C	OUNTY	STATE	
21 is mo		22a. I certify that (I) (this haspi sow the eleceosed alive on above, (I) (we) (did) (did no	tol) attended the deceased from_	57. or	nd that in (my) (our) opinion of	to aprint	23 19 te and hour and	from the	that (IV (we) lost couses stated	
NT. If Item	,	22b. SIGNATURE	10/16	m		DIRECTOR PHYSIC	F	171 DATE	SIGNED 7	
MPORTANT		Mich AR	A Hyle	m.D.	7527 Belair Road Baltimore, MD 21236					
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	April 27,87 St	: Jos	emetery or crematory  eph's Cem	Full lerto	n, Maryl	and	STATE	
17/84			1 Funeral Homes	, Inc.	25a DAT		25b. REGISTRAR'S			
1)	7	110 Belair Road	Baltimore, MD	21206	Al	PR 2 1/ 1987	Julia Das	ides.	(andallo	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please remained with the State Dept. of Health and Mental Hygiene prior to burial, cremeting.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

R	15	STATE				CERTI	FICATE OF DEATH	Q <sub>EG.</sub> 9	, 7	0	J	
1		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEATH A	MONTH D	AY YE	AR 2b	HOUR
1			rence	Va	lentine	I	Dolan	4-12-87			7	7:45 B
3	3. SEX			4 RACE			OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDER 1		UNDER 24 HRS
	Male			White "		2-29-1905 YEAR	81	YRS.				
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY)			U.S.A.		Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEAT	Ή	
1						WIDOW		Balto. (				M
4	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		REET ADDRESS)		120 USUAL OCCUPATIO				ISINESS OI
		Towson	N. Total				ing Home	Ret. Type (	Operat	tor	A.S	. Abe
		AL RESIDENCE (IF NURS	13b. COUN	VIY	13c. CITY OR TO	NWC	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /				
Ļ		Md.	Bal	to.	Balto.	•	YES NO X	2G Rockingh	nam Ct	t. 2	21234	
T	4 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE			LAST	
4		Daniel	******		Dolan		Emly	ADDRES		zier	•	
ľ		VAS DECEASED EVER VES NOOR UNKNOWN) Yes	(IF YES GIV	E WAR OR DATES	166 SOCIAL SE		17 INFORMANT					
F	_		WWI		213-03-	-	Linda Dyal,	2818 Aspen E	dill F			INTERVAL TAND DEATH
		Conditions, if any gove rise to improve to improve to improve the course to the course thad the course the course the course the course the course the cou	, which mediate ag the lost.	DUE TO, O	PRAS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	QUENCE OF	BOOLINAL ADET	cure Di	SASE.		Rl Iro	
2	FICATION	gove rise to improve couse (a), static underlying couse	which mediate ag the lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  CALAPITY	OR AS A CONSECUTIVE TO SECUTION TRIBUTING TO	QUENCE OF  QUENCE OF  CHRO		cure Di	OITION GIVE	, WERE FI	NDINGS USES OF	DEATH?
2	ERTIFICATION	gove rise to improve the couse (o), storing underlying couse PART OTHER SIGN PULL OF OPERA	which mediate by the lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  EMPHY  196 COND	OR AS A CONSECUTIVE TO SECUTIVE SECUTIVE TO SECUTIVE TO SECUTIVE SECUTIVE TO SECUTIVE TO SECUTIVE SECUTIVE SECUTIVE SECUTIVE S	QUENCE OF  QUENCE OF  CHRO	TIC CAL) IOUNS TNOT RELATED TO THE TERM WIC REVAL ON WAS PERFORMED	INAL DISEASE OR COND  ANLURE  200 AUTOPSY?  YES \( \text{NOTE} \)	206. IF YES, IN CERTIFY	, WERE FII	NDINGS USES OF	
311	CERTIFIC	gove rise to improve to story underlying couse  PART OTHER SIGN  FULL OF OPERA  19a DATE OF OPERA  21a, ACCIDENT WAS UNIOR CONTRIBUTING	which mediate ag the lost.  NIFICANT (  ATC)  TION  DERLYING CAUSE OF DEA	DUE TO, O  (b) 1  DUE TO, O  (c)	OR AS A CONSECUTIVE OF INJURY  M. MONTH	QUENCE OF  QUENCE OF  QUENCE OF  CHPO  CH OPERATIO	INOT RELATED TO THE TERM  IN C I CONAL  ON WAS PERFORMED	INAL DISEASE OR COND  ANLURE  200 AUTOPSY?  YES \( \text{NOTE} \)	206. IF YES, IN CERTIFY	, WERE FII	NDINGS USES OF	DEATH?
311		gove rise to imicouse ion stoling underlying couse PART OTHER SIGN PULL OF OPERA 19a DATE OF OPERA 21a, ACCIDENT WAS UNI	which mediate ag the lost.  NIFICANT (  ALL)  TION  DERLYING CAUSE OF DEACAL EXAMINER	DUE TO, O  (b) 1  DUE TO, O  (c)	PR AS A CONSECUTIVE TO SECUTIVE TO SECUTIV	QUENCE OF  QUENCE OF  CO DEATH BUT  CH PO	INOT RELATED TO THE TERM  IN C I CONAL  ON WAS PERFORMED	INAL DISEASE OR COND  ANLURE  200 AUTOPSY?  YES NOTER NATURE OF INJURY	20b. IF YES, IN CERTIFY YES	, WERE FII YING CAL	NDINGS USES OF N	DEATH?
311	CAL	gove rise to imicouse for stoling couse of the couse underlying couse party other Signature of the couse of t	which mediate ag the lost.  NIFICANT (  ACM STORM CAUSE OF DEACALEXAMINER RED	DUE TO, O  (b) 1  DUE TO, O  (c) 2  CONDITIONS C  196 COND  216. TIME C  HOUR A  21 P  21e PLACE	OR AS A CONSECUTIVE OF INJURY  M. MONTH  M.	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM W.C. P.C. P.C.  ON WAS PERFORMED  216 HOW INJURY OCCURE	INAL DISEASE OR COND  ANLURE  200 AUTOPSY?  YES \( \text{NOTE} \)	20b. IF YES, IN CERTIFY YES	, WERE FII	NDINGS USES OF N	DEATH?
311	MEDICAL	GOVE rise to improve the couse of the couse	which mediate ag the lost.  NIFICANT (  TION  DERLYING CAUSE OF DEACALEXAMINER RED  HILE RECORD CORRESPONDER	DUE TO, O  (b)	OR AS A CONSECUTIVE TO SELECTION OF INJURY REEL, FACTORY, OFFICE	DUENCE OF  O DEATH BUT  CH OPERATIC  DAY YEAR  19  CE, FARM, ETC.)	I NOT RELATED TO THE TERM  ON WAS PERFORMED  216 HOW INJURY OCCURE  211 LOCATION	INAL DISEASE OR COND  ANLURE  200 AUTOPSY?  YES NOTER NATURE OF INJURY	20b. IF YES, IN CERTIFY YES	, WERE FII YING CAL	NDINGS USES OF N	DEATH?
311	MEDICAL	gove rise to improve the couse (o), stoling underlying couse underlying couse parts of the couse	which mediate in lost.  WIFICANT (  WIFICANT (  CAUSE OF DEA CAL EXAMINER RED  WIFICANT (  CAUSE OF DEA CAL EXAMINER RED)	DUE TO, O  (b) DUE TO, O  (c) CONDITIONS C  TOPH COND  196 COND  216 PLACE [AT HOME ST  (tol) oftended the	OR AS A CONSECTION OF INJURY  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  REEL FACTORY, OFFICE  THE DESCRIPTION OF INJURY  THE	DUENCE OF  O DEATH BUT  CH OPERATIC  DAY YEAR  19  CE, FARM, ETC.)	I NOT RELATED TO THE TERM  ON WAS PERFORMED  216 HOW INJURY OCCURE  211 LOCATION	INAL DISEASE OR COND  ANGULE  200 AUTOPSY?  YES NOT  RED (ENTER NATURE OF INJURY)  CITY OR TOW	206. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIN PAR	NDINGS USES OF N	DEATH? IO
311	MEDICAL	gove rise to imicouse of storing underlying couse of underlying couse of the storing of the stor	which mediate in lost.  WIFICANT (  WIFICANT (  CAUSE OF DEA CAL EXAMINER RED  WIFICANT (  CAUSE OF DEA CAL EXAMINER RED)	DUE TO, O  (b)	OR AS A CONSECTION OF INJURY  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  REEL FACTORY, OFFICE  THE DESCRIPTION OF INJURY  THE	DUENCE OF  O DEATH BUT  CH OPERATIC  DAY YEAR  19  CE, FARM, ETC.)	INOT RELATED TO THE TERM  ON WAS PERFORMED  21c HOW INJURY OCCURE 211 LOCATION STREET  31 19 7  nd that in (my) (our) opinion of	INAL DISEASE OR COND PAULURE  200 AUTOPSY? YES NOT  RED (ENTER NATURE OF INJURY  CITY OR TOW  deoth occurred on the dot	20b. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIII	NDINGS USES OF N	STATE  (I) (we) loses stoted
311	MEDICAL	gove rise to imicouse (o), stoling underlying couse (o), stoling underlying couse (o) and the stolen of the stolen	which mediate go the lost.  NIFICANT (  MANUAL TION  DERLYING CAUSE OF DEACAL EXAMINER RED  (this hospit and did to the logical part of the logica	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  TO THE COND  19b COND  21b TIME C HOUR A  P  21e PLACE (AT HOME ST  (tol) ottended to the policy of the place of th	OR AS A CONSECTION OF INJURY  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  REEL FACTORY, OFFICE  THE DESCRIPTION OF INJURY  THE	DUENCE OF  O DEATH BUT  CH OPERATIC  DAY YEAR  19  CE, FARM, ETC.)	I NOT RELATED TO THE TERM  ON WAS PERFORMED  21c HOW INJURY OCCURE  21l LOCATION STREET  ATTENDING PHYSICIAN	INAL DISEASE OR COND  ANGULE  200 AUTOPSY?  YES NOT  RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIII	ND INGS USES OF N	STATE  (I) (we) loses stoted
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	WEDICAL 23 B	gove rise to improve the couse (o), stoling underlying couse underlying couse (o) and the couse of the couse	which mediate in the lost.  WIFICANT OF THE CAUSE OF DEACAL EXAMINER RED  (this hospital of the lost o	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  LIPE  21b. TIME C  HOUR A  HOUR A  21c. PLACE  [AT HOME ST  (tol) oftended in  view the body  Dyal, M.	OF INJURY REEL FACTORY, OFFICE TO STATE OF THE TOP TO T	DUENCE OF CHECK OF CH	INOT RELATED TO THE TERM  IN OT RELATED TO THE TERM  IN OT RELATED TO THE TERM  IN OTRELATED TO	INAL DISEASE OR COND PARTURE  200 AUTOPSY?  YES NOT  RED (ENTER NATURE OF INJURY  CITY OR TOWN  ADDICAL STAFF  DIRECTOR PHYSICI.	20b. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIII	ND INGS USES OF N	STATE  (I) (we) losses stoted

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within 24 hours ofter

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

STATE OF MARYLAND

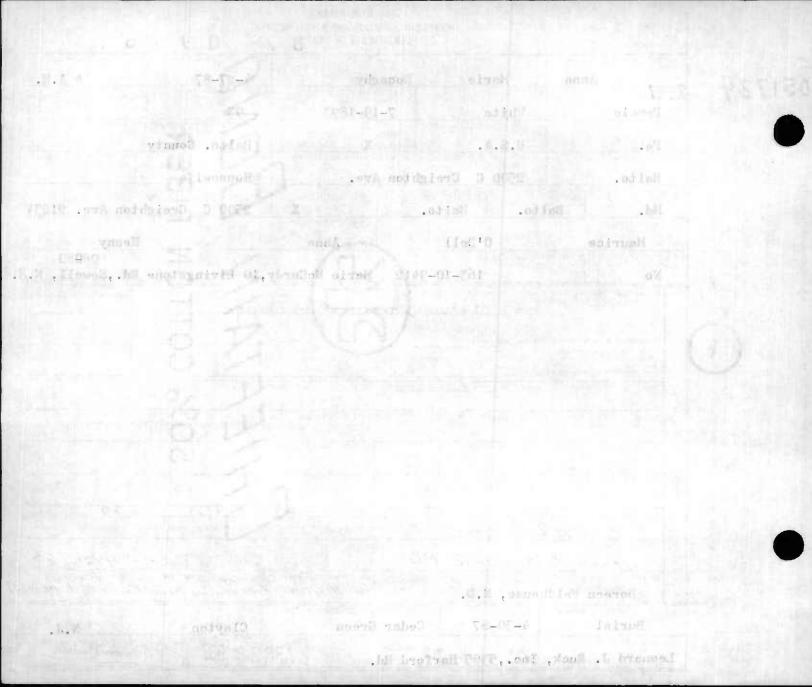
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

QEG	9	4	6	
CEG	. NO.	1	0	

	R							-			
	1. DECE	ASED NAME	FIRST	A	MIDDLE		LAST	2a DATE OF DEATH	MONIH D	AY YEAR	26 HOUR
100		A	nna	Mar	ie	Dona	ghy	4-27-87			4 A.M.
ALK	3 SEX	1		I. RACE		5 DATE (		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER ! YEAR	IF UNDER 24 HR
	2 F	Temale	N. P	White		MONT	19-1893	93	YRS	UNITS DATS	HOURS MIN
10	7a BIRTI	HPLACE (STATE OR	FOREIGN 7	b CITIZEN OF		TRY2 8		9 BALTIMORE CITY		OF DEATH	
8	_	a.		U.S.A		WIDOWI	D NEVER MARRIED DIVORCED	Balto. C	lann tur		
200		OR TOWN OF DEA	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINESS O
4			3000		H FACILITY, GIVE S			(TYPE OF WORK FOR MOST			
-		Balto. RESIDENCE (IF NURS	ING HOME OF	2500_		ighton	Ave.	Housewif	6	1	
25 1	130 STA	ATE	13b. COUN	TY	13t. CITY OR	TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
JE John		ld.	Bal	to.	Balt	0.	YES NO X	2500 C	Creigh	ton Av	e. 2123
12	14 FATH	HER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		IA.	57
exo.	1	Maurice			Dell'		Anna			Heany	
la /		S DECEASED EVER			16h SOCIALS	SECURITY NO.	17 INFORMANT	ADDR			8080
ped		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	163-10	-0419	Marie McCurd	v. 10 Living	retone		
1		CAUSE OF DEAT					1.101 10 1.100414	7,10	00000		IMATE INTERVAL ONSET AND DEATH
or but a sprimary cover	9	Conditions, if any, gave rise to improve to the course to	mediate ng the	DUE TO, OF	r as a conse	EQUENCE OF	1505 2º to o				
njury, ordathe undermark eve	P	gave rise ta imr cause (a), statin underlying cause	, which mediate ng the last	DUE TO, OF	r as a conse	EQUENCE OF	NOT RELATED TO THE TERM		IDITION GIVE	N IN PART 1	a
ws ony injury, or the continuous ever	P	gave rise ta imr cause (a), statin underlying cause	, which mediate ng the last	DUE TO, OI  (b)  DUE TO, OI  (c)  DNDITIONS CO	R AS A CONSE	EQUENCE OF		NINAL DISEASE OR CON	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH?
shows ony injury or full mortinant eve	P	gave rise to imma cause (a1), statin underlying cause ART 2 OTHER SIGN (a. DATE OF OPERA)	, which mediate ng the last	DUE TO, OI  (b)  DUE TO, OI  (c)  DNDITIONS CO	R AS A CONSE	EQUENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	NINAL DISEASE OR CON 200 AUTOPSY?  YES \( \text{VO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED
m 18 shows ony injury contributions and ceve	CERTIFICATION	gove rise ta imm couse (a), statin underlying cause  ART 2 OTHER SIGN  II. ACCIDENT WAS UNITED OF CONTRIBUTING	which mediate ng the last NIFICANT CO	DUE TO, OI  DUE TO, OI  CC  19b CONDITIONS CC  19b CONDITIONS CO  HOUR AJ	R AS A CONSE  R AS A CONSE  DITTIBUTING  ITION FOR WE  FINJURY  M. MONTH	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200 AUTOPSY?  YES \( \text{VO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
Hem 18 shows ony injury on the contract cover	CERTIFICATION	gave rise ta immocause (a), statin underlying cause  ART 2 OTHER SIGN  a. DATE OF OPERA  10. ACCIDENT WAS UNIT  DR CONTRIBUTING (IF EITHER NOTIFY MED)	, which mediate ng the last NIFICANT CO	DUE TO, OI  DUE TO, OI  (c)  DUDITIONS CO  196 CONDI  216, TIME O  HOUR A.I	R AS A CONSE  R AS A CONSE  DITTRIBUTING  ITION FOR WE  FINJURY  M. MONTH  M.	EQUENCE OF  FO DEATH BUT  HICH OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	NINAL DISEASE OR CON 200 AUTOPSY?  YES \( \text{VO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
orked or them 18 shows ony injury or the communic eve	MEDICAL CERTIFICATION	gove rise ta imm couse (a), statin underlying cause  ART 2 OTHER SIGN  II. ACCIDENT WAS UNITED OF CONTRIBUTING	which mediate ng the last NIFICANT CO	DUE TO, OI    DUE TO, OI    DUE TO, OI    CONDITIONS CC    196 CONDI    216 TIME O    HOUR A.I.    216 PLACE	R AS A CONSE  R AS A CONSE  DITTRIBUTING  ITION FOR WE  FINJURY  M. MONTH  M.	EQUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM ON WAS PERFORMED	NINAL DISEASE OR CON 200 AUTOPSY?  YES \( \text{VO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDII VING CAUSES (CAUSES) (CAUSE) (CAUSE)	NGS USED OF DEATH? NO
s morked or Item 18 shows ony injury or Item or manic eve	MEDICAL CERTIFICATION	gave rise ta immocause (a), statin underlying cause  ART 2 OTHER SIGN  B. DATE OF OPERA  D. ACCIDENT WAS UNIT  CONTRIBUTING (IF EITHER NOTIFY MED)  Id INJURY OCCURI	, which mediate go the last the last TION  DERLYING CAUSE OF DEAT CALEXAMINER) RED  HILE GREAT CHARED	DUE TO, OI    DUE TO, OI   Co     DUE TO, OI   Co     ONDITIONS CC   19b CONDI   21b TIME O HOUR A.I   P.I   21e PLACE (LATHOME STR	R AS A CONSE  R AS A CONSE  THE PROPERTY OF TH	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  HEICE, FARM, ETC.)	I NOT RELATED TO THE TERM  NOW WAS PERFORMED  21c HOW INJURY OCCUR  21l. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  CITY OR TO	20b. IF YES, IN CERTIFY YES ORY IN ITEM 18 PAI	WERE FINDING CAUSES (COUNTY)	NGS USED OF DEATH? NO  STATE
21 is morked or them 18 shows any injury and the parametric eve	MEDICAL CERTIFICATION	gove rise to imm cause (a1), statin underlying cause  ART 2 OTHER SIGN  10. DATE OF OPERA  10. ACCIDENT WAS UNIT  10. ACCIDENT WAS UNIT  10. RETHER NOTIFY MEDI  11. NOTIFY MEDI  12. NOTIFY MEDI  13. NOTIFY MEDI  14. WORK NOTIFY MEDI  20.1 certify that (1)	which mediate and the last the	DUE TO, OI    DUE TO, OI   ONDITIONS CO   196 CONDI   196 CONDI   216 TIME O   HOUR AAI   P.I   216 PLACE (   AT HOME STR	R AS A CONSE  R AS A CONSE  THOUSE THE PROPERTY OF THE PROPERT	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  HEICE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  CITY OR TO	20b. IF YES, IN CERTIFY YES ORY IN ITEM 18 PAI	WERE FINDING CAUSES (COUNTY)	NGS USED OF DEATH? NO  STATE
tem 21 is morked or them 18 shows ony injury on the commune eve	MEDICAL CERTIFICATION	gove rise ta imm cause (a1), statin underlying cause  ART 2 OTHER SIGN  a. DATE OF OPERA  10. ACCIDENT WAS UNIT  DR CONTRIBUTING 6 (IF EITHER NOTIFY MED)  WHILE NOTIFY MED IN ORD WAS UNIT WORK NOTIFY MED)  WHILE NOTIFY MED IN ORD WAS UNIT WORK NOTIFY WAS UNIT WORK NOTIFY WAS UNIT WAS UN	which mediate and the last the	DUE TO, OI  (c)  DUE TO, OI  (c)  DIDETO ON DITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITIONS	R AS A CONSE  R	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	I NOT RELATED TO THE TERM  NOW WAS PERFORMED  21c HOW INJURY OCCUR  21l. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  CITY OR TO	20b. IF YES, IN CERTIFY YES ORY IN ITEM 18 PAI	WERE FINDING CAUSES (COUNTY)	NGS USED OF DEATH? NO  STATE
Item 21 is morked or Item 1	MEDICAL CERTIFICATION	gave rise ta imma cause (all stating cause)  ART 2 OTHER SIGN  B. DATE OF OPERA  In. ACCIDENT WAS UNIT  OR CONTRIBUTING (IF EITHER NOTIFY MED)  In. WORK ALL WO  Zo. I certify that (I) saw the decess above (I) we) (so	which mediate ag the last NIFICANT CO	DUE TO, OI  (c)  DUE TO, OI  (c)  DIDETO ON DITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITIONS	R AS A CONSE  R	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	211. LOCATION SIREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE OF INJU	20b. IF YES, IN CERTIFY YES VES VES VES VES VES VES VES VES VES V	WERE FINDING CAUSES  COUNTY  9 87.  ond from the	NGS USED OF DEATH? NO  STATE
Item 21 is morked or Item 1	MEDICAL CERTIFICATION  AEDICAL CERTIFICATION  AEDICAL CERTIFICATION	gave rise to immacouse (at), statin underlying cause  ART 2 OTHER SIGN  10. DATE OF OPERA  10. ACCIDENT WAS UNIT  20. CONTRIBUTING (IF EITHER NOTIFY MEDIT  11. MUTUAL NOTIFY MEDIT  WHILE NOTIFY MEDIT  WHILE NOTIFY MEDIT  SOW the deceose above (III we) [comparison of the deceose above (III we)]	which mediate ng the last NIFICANT CO	DUE TO, OI  (c)  DUE TO	R AS A CONSE  R AS A CONSE  THOUSE THE PROPERTY OF THE PROPERT	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	216 HOW INJURY OCCUR  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT OF THE COLOR OF THE	20b. IF YES, IN CERTIFY YES OWN . 1 late and hour	WERE FINDING CAUSES  COUNTY  9 87  ond from the	NGS USED OF DEATH? NO  STATE  that (II (we) la causes stated  SIGNED  28/8/
Item 21 is morked or Item 1	MEDICAL CERTIFICATION  AEDICAL CERTIFICATION  AEDICAL CERTIFICATION	gove rise to immocouse (a), statin underlying cause  ART 2 OTHER SIGN  10. ACCIDENT WAS UNIT  10. ACCIDENT WAS UNIT  10. ACCIDENT WAS UNIT  10. CONTRIBUTING (I)  10. EITHER NOTIFY MEDI  11. INDIFY MEDI  12. INDIFY MEDI  13. INDIFY MEDI  14. INDIFY MEDI  15. SOW the deceose obove (I) we) (c)  26. SIGNATURE	which mediate and the last the	DUE TO, OI  (c)  DUE TO, OI  (c)  19b CONDITIONS CC	R AS A CONSE  R	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	216 HOW INJURY OCCUR  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT OF THE COLOR OF THE	20b. IF YES, IN CERTIFY YES OWN . 1 late and hour	WERE FINDING CAUSES  COUNTY  9 87  ond from the	NGS USED OF DEATH? NO  STATE  that (II (we) la causes stated  SIGNED  28/8/
IMPORTANT: If them 21 is morked or them 18 shows ony injury or inflammatic eve	MEDICAL CERTIFICATION  A STREET CATION  A STREET CATION	gove rise to immocouse (at), statin underlying cause  ART 2 OTHER SIGN  10. ACCIDENT WAS UNIT  10. ACCIDENT WAS UN	which mediate 19 the last 1 la	DUE TO, OI    DUE TO, OI   DUE TO, OI   ONDITIONS CC   196 CONDITIONS CC   196 CONDITIONS CC   196 CONDITIONS CC   197 CONDITIONS CO   198 CONDITI	R AS A CONSE  R	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	211. LOCATION SIREET  DEGREE  ATTENDING	TO AUTOPSY?  YES NO RED (ENTER NATURE OF INJURED CATTOR TO DIRECTOR PHYSICAL PHYSICA	20b. IF YES, IN CERTIFY YES OWN . 1 late and hour	COUNTY  9 87  ond from the  22c DATE  4/6	NGS USED OF DEATH? NO  STATE  that (II (we) la causes stated  SIGNED  28/8/
Item 21 is morked or Item 1	MEDICAL CERTIFICATION  A STREET CATION  A STREET CATION	gove rise to immercause (at), statin underlying cause  ART 2 OTHER SIGN  10. ACCIDENT WAS UNIT  10. ACCIDENT WAS UNIT WAS	which mediate 19 the last 1 la	DUE TO, OI    DUE TO, OI   DUE TO, OI   ONDITIONS CC   196 CONDITIONS CC   196 CONDITIONS CC   196 CONDITIONS CC   197 CONDITIONS CO   198 CONDITI	R AS A CONSE  R	EQUENCE OF  EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FICE, FARM, ETC.)	216 HOW INJURY OCCUR  211. LOCATION STREET  214 ADDRESS Frank HEAITH CENTER  CEMETERY OR CREMATORY	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT OF TO THE CONTROL OF THE CONTR	20b. IF YES, IN CERTIFY YES OWN . 1 late and hour	WERE FINDING CAUSES  COUNTY  9 87  ond from the	NGS USED OF DEATH? NO  STATE  that (II (we) la causes stated  SIGNED  28/8/

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enter, page 3 IMPORTANT: If them 21 is marked or them 18 shows any injury, or other than TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please term with the State Dept. of Health and Mental Hygiene priar to burial, crem TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	ALSO	KNOV	N.	AS	
FOR STATE REGIST	MARIE	K.	DO	ONAN	I

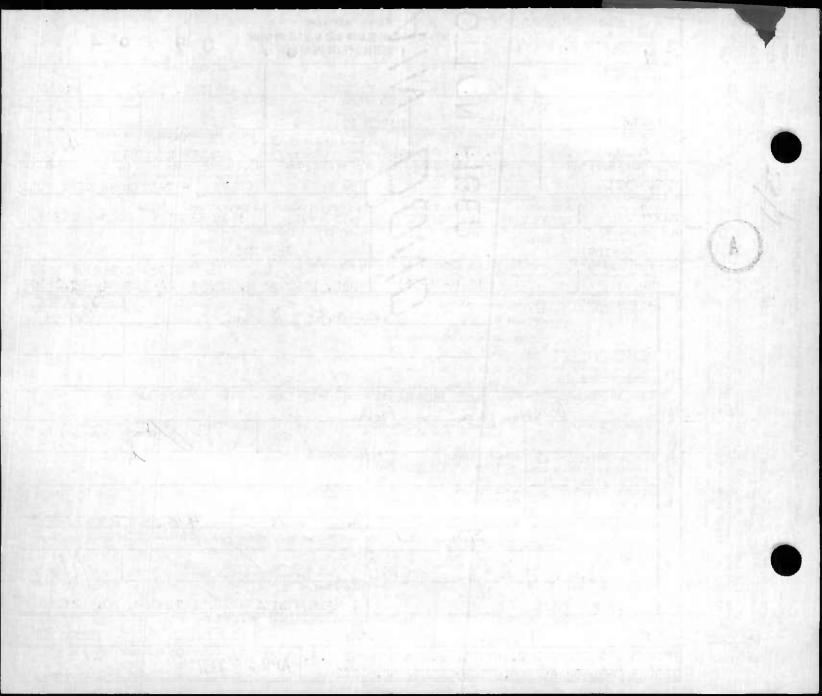
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

0	9	4	6	2
REG.	NO.			∴.E

MARY  KATHERINE DOONAN  APRIL 1, 1987  3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  MONTH  DAY  YEAR  MARCH 12, 1909  78 YRS.  76. BIRTHPLACE  (STATE OR FOREIGN  MARYLAND  10. CITY OR TOWN OF DEATH  CATONSVILLE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FREDERICK VILLA NURSING HOME  CATONSVILLE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (IT PEOF WORK FOR MOST OF WORKING LIR  MARYLAND  BALTIMORE  CLERK  BALTIMORE  CLERK  BALTIMORE  CLERK  BALTIMORE  136. CITY OR TOWN  136. CITY OR TOWN  136. STATE  MARYLAND  BALTIMORE  14. FATHER'S NAME  FIRST  MICHAEL  J. DOONAN  KATHERINE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  166. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADD	IF UNDER 1 YEAR BY UNDER 24 MIN.  OF DEATH  DUNTY MD.  126 KIND OF BUSINESS OR INDUSTRY  IMPORE CITY POLICE
MARY  S. SEX  4. RACE  5. DATE OF BIRTH MONTH MONTH MONTH MONTH MARCH 12, 1909  78  YRS.  78  FEMALE  78. GRITHPLACE (STATE OR FOREIGN OR COLOR) MARYLAND  10. CITY OR TOWN OF DEATH CATONSVILLE  U.S.A.  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPORTED INSOCHEARLING) FREDERICK VILLA NURSING HOME CATONSVILLE  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS. FREDERICK VILLA NURSING HOME CLERK - BALT  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS.  FREDERICK VILLA NURSING HOME CLERK - BALT  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS.  FREDERICK VILLA NURSING HOME CLERK - BALT  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS.  FREDERICK VILLA NURSING HOME  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS.  FREDERICK VILLA NURSING HOME CLERK - BALT  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS.  IBA USUAL OCCUPATION  TO WORKHOOM OF WORKHOOM OF WORKHOOM OF WORKHOOM OR WORKHOOM OR WORKHOOM OR WORKHOOM  IBA EATHER STREET  MIDDLE  MICHAEL  J. DOONAN  KATHERINE  IBA USUAL OCCUPATION  (VIPP OF WORK FOR MOST OF WORKHOOM OF WORKHOOM OR	IF UNDER I YEAR BE UNDER 24 HILS MONTHS DATS HOURS MIN.  OF DEATH  DUNTY MD.  12b KIND OF BUSINESS OR INDUSTRY  IMPORE CITY POLICE  ROAD 21207  CARRY  KIRKWOOD ROAD  IMORE, MD.21207
FEMALE  WHITE  MARCH 12, 1909  78  YEAR  MARCH 12, 1909  98  MARCH 12, 190	IF UNDER I YEAR BE UNDER 24 HILS MONTHS DATS HOURS MIN.  OF DEATH  DUNTY MD.  12b KIND OF BUSINESS OR INDUSTRY  IMPORE CITY POLICE  ROAD 21207  CARRY  KIRKWOOD ROAD  IMORE, MD.21207
FEMALE  78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  10. CITY OR TOWN OF DEATH  CATONSVILLE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IT NAME OF HOSPITAL, NURSING HOME  CATONSVILLE  138. COUNTY  WARYLAND  139. CITY OR TOWN OF DEATH  130. COUNTY  WARYLAND  130. COUNTY  WARYLAND  13136. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN)  WARYLAND  14. FATHER'S NAME  FIRST  MICHAEL  J. DOONAN  15. MOTHER'S MAIDEN NAME  FIRST  MICHAEL  J. DOONAN  17. INFORMANT  ADDRESS  ADDR	TOF DEATH  DUNTY MD.  12b KIND OF BUSINESS OR INDUSTRY  IMORE CITY POLICE  ROAD 21207  CARRY  KIRKWOOD ROAD IMORE, MD.21207
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  U.S.A.  WARRIED □ NEVER MARRIED ▼ BALTIMORE COUNTRY  MARYLAND  U.S.A.  WIDDUED□ DIVORCED□  BALTIMORE CO  BALTIMORE  B	CUNTY  AD.  12b KIND OF BUSINESS OR INDUSTRY  IMORE CITY POLICE  ROAD 21207  CARRY  KIRKWOOD ROAD IMORE, MD.21207
MARYLAND  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FREDERICK VILLA NURSING HOME  FREDERICK VILLA NURSING HOME  CLERK — BALT  USUAL RESIDENCE IIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  USUAL RESIDENCE IIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c CITY OR TOWN  MARYLAND  BALTIMORE  BALTIMORE  13d INSIDE CITY LIMITS?  YES  NO X 13d INSIDE CITY LIMITS?  YES NO X 166.9 KIRKWOOD  14. FATHER'S NAME  FIRST  MIDDLE  MICHAEL  J. DOONAN  KATHERINE  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  KATHERINE  16b. SOCIAL SECURITY NO.  216-01-5214  MRS. DOROTHY H. COADY BALT  18. CAUSE OF DEATH IENter only one couse per line for (o.), (b.), and (c.).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Couse (o.), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAYST CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE  PART 2 OTHER SIGNIFICAYST CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	ROAD 21207  CARRY  KIRKWOOD ROAD  IMORE, MD.21207
10. CITY OR TOWN OF DEATH  CATONSVILLE  TREDERICK  TREDERICK  TOWN SUCH ACRITITY, GIVE STREET ADDRESS)  FREDERICK  FREDERICK  TOWN	ROAD 21207  CARRY  KIRKWOOD ROAD  IMORE, MD.21207
CATONSVILLE FREDERICK VILLA NURSING HOME CLERK - BALT  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  MARYLAND  BALTIMORE  134 INSIDE CITY LIMITS?  YES  NO X 1629 KIRKWOOD  14 FATHER'S NAME  FIRST  MICHAEL  J. DOONAN  150 WAS DECASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  NO  16 YES, GIVE WAR OR DATES)  NO  18. CAUSE OF DEATH IENTER ONly one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	ROAD 21207  CARRY  KIRKWOOD ROAD IMORE, MD.21207
136 STATE   136 COUNTY   BALTIMORE   136 INSIDE CITY LIMITS?   136 STREET ADDRESS / ZIP COOR   1629 KIRKWOOD	CARRY  KIRKWOOD ROAD IMORE, MD.21207
MARYLAND BALTIMORE BALTIMORE  VES NOX 1629 KIRKWOOD  14 FATHER'S NAME FIRST  MICHAEL  J. DOONAN  KATHERINE  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	CARRY  KIRKWOOD ROAD IMORE, MD.21207
MICHAEL  J. DOONAN  Item WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).  PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	KIRKWOOD ROAD IMORE, MD.21207
MICHAEL J. DOONAN KATHERINE  166 WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1629 (175 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO 216-01-5214 MRS. DOROTHY H. COADY BALTI  18. CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	KIRKWOOD ROAD IMORE, MD.21207
18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	LMORE, MD. 21207
18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	LMORE, MD. 21207
18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Color of the couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	2 days
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	0
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
20 Organic Brain Sandreme	/EN IN PART 1/0
3 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 CEPTION	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
YES NOW YE	
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE ALWORK ALWORK	31412
220 I certify that (I) (this haspital) attended the deceased from	19 8 7 , that (t) (we) lost
sow the deceased alive on	or and from the couses stated
226. SIGNATULE DEGREE	22c DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/1/87
22d. PHYSICIAN S NAME (WHICE WHILE) 22e ADDRESS	
JAMES NOLAN MD 1 MALLOW HILL ROAD, BALTIMORE	E, MD. 21228
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY . STATE
BURIAL 4/3/87 NEW CATHEDRAL BALTIMORE	MARYLAND
LERO AL PIRECOR RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D. BY REGISTRAR 25b. REGIST	FIARILAND
1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 APR - 2 1987	

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# STATE OF MARYLAND

EPARTMENT	OF HE	ALTH	AND	MENTA	LHY	IENE
CE	RTIFI	CATE	OF	DEATH	8	1

049550.40	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYC	DENE QG. NO 9	5 3
poge 3	I DECEASED NAME FIRST (TYPE OR PRINT) JOSEPH	C. D	DYLE	4-02-87	7:25PM
ige 4 ma rector. pc urs ofter p	3. SEX M	W	ATE OF BIRTH  AONTH DAY YEAR  3	69 YRS.	IF UNDER LYEAR IF UNDER 2 HRS
death. Performed di	78. BIRTHPLACE STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH		RRIED NEVER MARRIED OWED DIVORCED D	9. BALTIMORE CITY OR COUNTY	BALTIMORE MD.
in by the	Towson	(IF NOT IN SUCHEAGILITY, GIVE STREET ADDRES  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	dosp,4Al	TYPE OF WORK FOR MOST OF WORKING LIFE Asst. Dir. of Pro	12b. KIND OF BUSINESS OR INDUSTRY  Sunpapers
filled in Duly be must be	13a STATE 13b COUN	ltimore   13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?  YES NO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CODE 105 Elinor Ave.	Balto., Md. 21236
	30 Charles	Doyle	Agnes	MIDDLE	Rölfe
P P P P P P P P P P P P P P P P P P P	160 WAS DECEASED EVER IN U.S. AR.  (YES, NO OR UNKNOWN)  YES  (IF YES, GIV	MED FORCES? WAS OR DATES) 213-03-317		e 105 Elinor Ave.	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.  When this certificate has been signed by the attending physician and contain wifilled in by as the burial-transit permit. Then please remove carbonpopers. The please remove carbonpopers and Mental Hygiene prior to burial, cremation, or removal.  Carlot Mental Hygiene prior to burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		isjuriory.	helers Jenn Drens	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
taw requires the construction of the construct	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	CONDITION FOR WHICH OPER		200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The trending physicion retus certificate he buriol-tronsit and Mental Hygie ed or frem 18 should	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH DAY Y	19 211 LOCATION	YES NO YES	
L OR ATTENDI the hospital or to DIRECTOR. A coched for use to Dopt, of Heal	sow the deceased alive on	tol) oldended the deceosed from 1987	DEGREE ATTENDING	death occurred on the date and hour	9 8 7, that (I) (we) lost and from the couses stated  22c DATE SIGNED  4-(2) 8-7
TO HOSPITAL TO FUNERAL Should be det with the Store IMPORTANT:	22d PHYSICIAN'S NAME	ALIDIO, MO	6010 YOK	LE RA BALTIM	ORE, Md
ВР	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)  Entombment 24. FUNERAL DIRECTOR	4-4-87 Parkw	ood Cemetery	23d LOCATION Baltimore,  [E REC'D. BY REGISTRAN 2.5. REGISTR	

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4/10

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	22	REGISTRAR				CERTIFI	ICATE OF DEAT	<b>B</b> /	REG. NO.		
		CEASED NAME	FIRST		MIDDLE	1/	AST	1	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	11111	U	VILS	ON	C	Do	DYLE	110	04 1	51987	73AM
	3. SE>	* * 10		4. RACE		5. DATE O		YEAR .	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		MALE		WH	ITE	10	28 19	114	72 YRS		
-	7a. BII	RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIED	NEVER MARR	RIED D	BALTIMORE CITY OR COUNT	Y OF DEATH	
5		PA.		us	> <i>P</i> 1	WIDOWE			BALTI	o caux	UTY MD.
X	10. CI	TY OR TOWN OF DEA	TH.		HOSPITAL, NURS		R OTHER INSTITUT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	IFE) INDUSTRY	
4	PISTL	AL RESIDENCE (IF NURSI	ING HOME OR	51.30	SEPHS 1	+05P11F	11 lousa	CHO	MANAGER	100	3 Co.
	13a. S		13b_COUN	TY	134 CITY OR TO	WN	13d. INSIDE CITY L		30. STREET ADDRESS / ZIP COL	DE D	20 21000
2	14 FA	THER'S NAME	DI	ILTO.	LOCKEY	SVILLE	YES NO	4		RUNK	CL 2/050
1	14. 17.	THON		MIDDLE	LAST		FIRST	LUEL	MIDDLE .	EPER	51
1	16n. V	VAS DECEASED EVER			166 SOCIAL SEC	CURITY NO	17 INFORMANT	LOEL	ADDRESS	EFER	
		YES, NO PRUNKNOWN)		E WAR OR DATES)	120-30		HELEN	REE	DY FOREST 1	1 6	MD.
		in course or provi	1.5		-		LIEFEM	1122	TITORES.		KIMATE INTERVAL LONSET AND DEATH
		PART I. DEATH W	AS CAUSE	Ó BY:	Deman	ona ici.i	slasu (	R) ti	respond labe	/	months
			IMMEDIAI	E CAUSE (o)	- 10 Coursed	1)	, v	V M	7		
		Canditions, if any,	which	DUE 10, O	R AS A CONSE	WENCE OF					
		gave rise to imm cause (a), statin	nediate	DUE TO O	R AS A CONSEO	HENCE OF					
		underlying cause		(6)	K AS A CONSEC	OEINCE OF					
		PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION G	IVEN IN PART 1	10
	CERTIFICATION	arterios	clero	tie cara	wascu	la dis	use, ch	ronce	obstructive par	synon	disease
1	CAT	190 DATE OF OPERAT	NOI	19b. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORME	D	20a AUTOPSY? 20b. IF Y	S, WERE IN UII	NGS USED S OF DEATH?
X	RTIF								YES NO.	'ES 🗌	NO 🗆
Z,		OR CONTRIBUTING	_	21b. TIME C HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER	) P.	M	19					
	MEDICAL	216. INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE	E. FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WOR	RK			1	1	-7-7	4/15	C 7	-
		220 I certify that (II)					May 19	9	eath occurred on the date and ha	, 19_8,	that (we) lost
		sow the decease above (1) we) (a 22b, SIGNAPURE	did) did no	view the body	diter death.	'	DEGREE	t obillion de	edin occurred on the date and no		E ŞIGNED /
		228. SIGNALIK	_ <				ATTEN	NDING _	MEDICAL STAFF	120 DATE	11-187
1		226 PHYSICIAN'S NA	AME (TYPE O	R PRINT)			PHYS 22e ADDRESS	SICIAN L	DIRECTOR   PHYSICIAN	17/	13/01
		HAR	FOL	NT			214	min-	A C. O. P.	1 P.	H no
-	230 5	BURIAL, CREMATION,	PEMOVAL	23b. DATE	22.	NAME OF C	EMETERY OR CREM	ALOPY	1236 LOCATION	In	reun ris.
		(SPECIFY)	NEMO VAL					MATORT	CITY OR TOWN	COUNTY	STATE
	24 FU	Burial JNERAL DIRECTOR		Apr. 1	3,1987	ота	te Ridge	25a. DATE	REC'D. BY REGISTRAR 256 REGIS	ork Trab's signa	PA JURE
1	Je	ohn H. Harl	kins.	600 Mai	n Street	.Delta	.PA	APR		Davidson- K	andrew
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DHMH - 16 60M 7/84 (VRA 15, 4)

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HIS WESTERN RUN RE DOS	X aure	PAROL LOTARIÓ	
Sansall As	itied	Says CE	OND III
5717 JUNE T. BURET, YE			The Paris
		Angelia P	
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4 ELA 10 LAST			3442
	19A4	Transcriptions	January States

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OR ATTENDING PHYSICIAN: The low requires that the

executed within 24 hours ofter death. Page

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 8

REG. Qo. 9	7	6	hrq Ma
	0.10	110 10	Las

I. DE	ECEASED NAME PE OR PRINT)  AGA	MIDDLE	u deci	k	20. DATE OF DEATH	MONTH DAY YE	212 HOUR 3:30
3. SE	emale	4. RACE White	5. DATE OF B	итн 27 1°919		YRS	DAYS HOURS
Ma Car	aryland	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED			re Count	У
()	Dundalk	1933 Crafton	AVE. 2	THER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWII	OF WORKING LIFET INDUS	ND OF BUSINESS
130.1 Ma		other institution give residence before the law of the	Ik 134	I. INSIDE CITY LIMITS? ES \( \text{NOX}\( \text{\text{L}}\( \text{L}\)			. 21222
RC H	Herman	Bratkow	ski	Josephine	3100IE		suba
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SEC 213-03		MFORMANT George Duc	addri deck 1933	Crafton	
r froumotic eyent,	PART I. DEATH WAS CAUSE	Ily one couse per line for (o), (b), or D BY:  TE CAUSE (o) O CA F  DUE TO, OR AS A CONSEQUATION OF TO CONSEQUATION OF AS A CONSEQUATION OF TO CON	JENCE OF TON	ancer eum aud	en eTustete		PROXIMATE INTERVA
8 shows ony injury, or o	PART 2. OTHER SIGNIFICANT C	(c), CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
ked or Item 18 sh	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D	PAY YEAR 19	E. HOW INJURY OCCUR  F. LOCATION STREET	RED (ENTER NATURE OF INJU	IRY IN ITEM IB PART I ORPAR	RT 2)
I: If Nem 21 is mort				REE ATTENDING	deoth occurred on the di	27c. C	that (I) (we)  the couses state  DATE SIGNED
MPORTANT 230.	8URIAL, CREMATION, REMOVAL	23b. DATE 23t.	NAME OF CEMI	e ADDRESS 100 Ball  ETERY OR CREMATORY			STATI
	FUNERAL DIRECTOR ONTHE LLY Funer	al H ADDRESS	Oak Lav undalk	Vn Cemert SA	Balt R-7987	imore, M	larylan NA RE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

4/10 335 T. 1884 A. L. T. May to GLAN 168 - 7 931 Junior Liver

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2124 TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

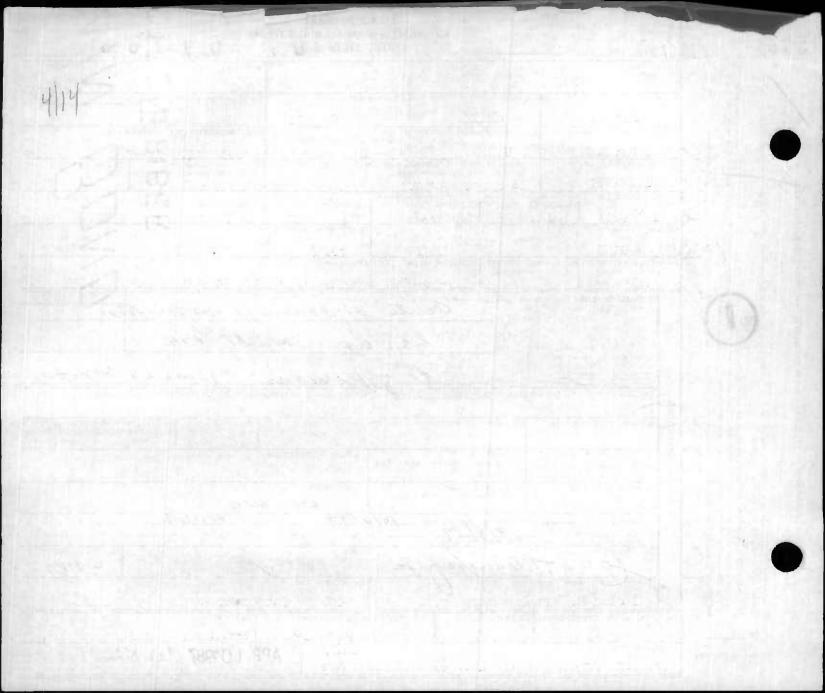
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			EASED NAME FIRST	MIDDE	.E	LAST	20.	DATE OF DEATH MONTH	DAY	YEAR 26	. HOUR
pe /	death death	TYPE	OR PRINT)	M.		EAST		4	8	87 1	2:05Am
1 hou	od a	3. SE)		4. RACE	5.	DATE OF BIRTH	6. /	AGE (IN YEARS LAST BIRTHDAY)	_	DER I YEAR IF	UNDER 24 HRS
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Pogo	dire	To. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8		9 1	BALTIMORE CITY OR COL	UNTY OF I	DEATH	
deoth.	10 20 L		ARYLAND	U.S.A.	/	AARRIED NEVER MARRII			017		440
de			TY OR TOWN OF DEATH			OME OR OTHER INSTITUTION		BALTIMORE CO USUAL OCCUPATION			MD.
-3-5-		Т	ANSDOWNE	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDI		(T	YPE OF WORK FOR MOST OF WORK	ING LIFE) I	NDUSTRY	
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5 Ph Pd	P P P	13a S	TATE 136 COL	INTY 13c.	CITY OR TOWN	134. INSIDE CITY LIA		STREET ADDRESS / ZIP			
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with with	d 2 d 2	PA	FIRST	WIDDLE	LAST	FIRST	DEN NAME	MIDDLE		LAST	
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BALTIMORE, MARYLAND 21	Pages Pages medica		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES. G	RMED FORCES? 166	SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS			
TIM be e	Po E		NO	2	219-18-07	87 MARIE J.	DORS	EY 24 FOURTH	AVE.	2122	
BAL ote			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line						BETWEEN ON	TE INTERVAL SET AND DEATH
F 10 100	d ou			ATE CAUSE (a)	Clari	i suggea	ull	of soffer	cfr	رح	
NO E				DUE TO, OR AS	A CONSEQUENC	EOF		AT Fin			
death death	0.040		Conditions, if ony, which	( (b)	A.S.	. C. U. D.	14	AT. FIB			
# e	rem emo		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENC	E OF				0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The law requires that the death certit	by sose sl, cr		underlying couse lost	(c)	My.	9 prenio	ms	My sare	KA	John	ters
, 20	n ple burne burne 'y, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEA	BUT NOT RELATED TO TH	HE TERMINA	L DISEASE OR CONDITIO	N GIVEN I	N PART 10	15-15-1
RDS	The The injury	CERTIFICATION									
ECO MG	prin print	CAT	19a DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OP	ERATION WAS PERFORMED				RE FINDING	
AL RI he lo	hos ene	TIF					1000	YES NO	YES [		NO [
T 7 Z	urial-transi ental Hyginer 18 sh	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY IN ITE	M IS PART 1	OR PART 2)	
Clar	Sertification of the sertifica	CAL	OR CONTRIBUTING CAUSE OF D	EAIN	MONTH DAY	19					
ONO ding	2 5 5 E	MEDIC	21d. INJURY OCCURRED	21e PLACE OF I		21f LOCATION				COUNTY	STATE
VISI G PF	the the	W	WHILE NOT WHILE AT WORK	(AT HOME STREET,	FACTORY OFFICE FARM	ETC ) STREET	P. He	CITY OR TOWN		COUNTY	STATE
NIO TO	Aft.		22a. I certify that (I) (this has	eutal) attended the de	eceosed from	18/4/77 19		to Present		tho	it (l) (we) lost
Z to	of He		saw the deceased alive a above, (l) (we) (did) (did n	46 / 0 /	0 -	, and that in (my) (our)		th occurred on the date on	d hour and		
A AT A A A A A A A A A A A A A A A A A	ed f		771 SIGNAZIAE	ot) view tile body ofte	er de6th.	DEGREE				22c. DATE SIG	SNED
	toched toched e Dept		Sante for	aleling	been fo	ATTEN	DING T	MEDICAL STAFF		4/9	100
PITA	FUNERAL old be det at the State		774 PHYSICIAN'S NAME COM	CRIMINE A	1)	22e. ADDRESS	CIAN LA D	IRECTOR PHYSICIAN		// //	0/
HOSP	should b		Carlos N Da	talinghug	Cr	402 E	Data	oceco Arronno		21225	
10	should with 1	22 0	Carlos N. Pa					psaco Avenue		ZIZZO	
		230. B	URIAL, CREMATION, REMOVA			AE OF CEMETERY OR CREMA		23d LOCATION CITY OR TOWN		UNTY	STATE
BP_		24.5	Burial	4/11/87	Lor	raine Park Ce	em.	Woodlawn		imore	Md.
DHMH -	16 60M 7/84		INERAL DIRECTOR		ADDRESS	21229	ZSO. DAPE	OF GRANIZSIA RIZSIA RI	SISTRAR	S SIGNATUR	E
(VF	RA 15, 4)	H	ubbard Funeral	Home, Inc	c. 4107 W	ilkens Ave.					



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

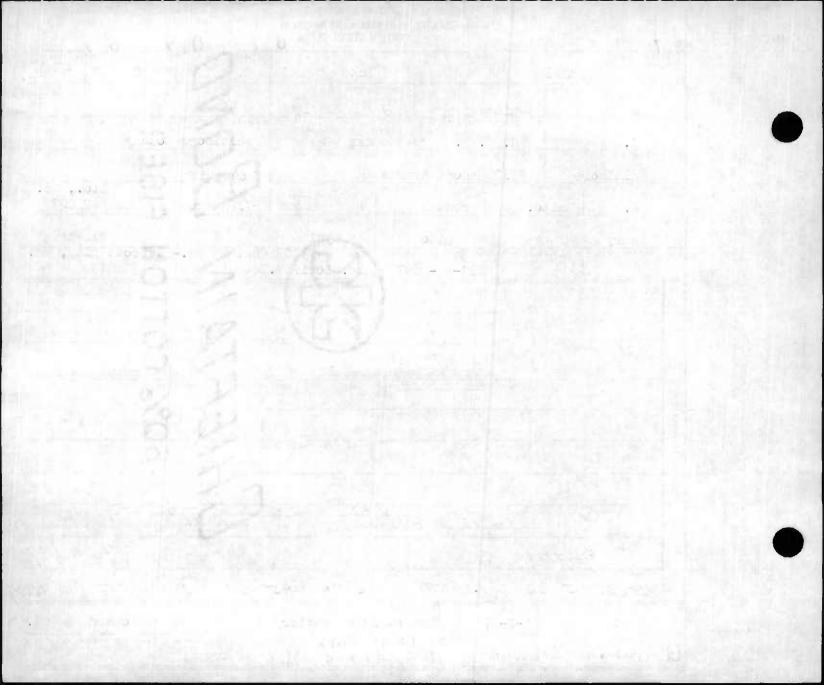
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## STATE OF MARYLAND

7 4 6		REGISTRAR				CERTIF	ICATE OF DEATH	7 RED	00	2 6	1
1		CEASED NAME	FIRST		MIDDLE	ι	LAST	20 DATE OF DEATH		DAY YEAR	26 HO
	(TYPE	OR PRINT)	Ethel				Eck	17.34	4 3	0 87	15
1	3 SEX	X		RACE	T. P. 173	5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDS
,		Female		White		9	4 1900	86	YRS	MOINING DATA	HOURS
11	By By	RTHPLACE (STATE OR	FOREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
4	1	Md.		U. S		WIDOWE	DIVORCED	Baltimor		-	
2	) CI	Baltimos		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Second AV	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING LI	FE) 126. KIND C INDUSTRY	F BUSIN
5	USUA 13a. S	AL RESIDENCE (IF NUR.	136 COUN Balt	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW  Arbutus		13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 5712 Seco	/ ZIP CODE	Balto enue #	2122
2	M FA	THER'S NAME FIRST Henry		NIDDLE	Otto		15 MOTHER'S MAIDEN NA	WE		Re <b>ľ</b>	leke
1		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-46-06	_	17 INFORMANT 3709 Mrs.Gloria V		RESE ETT	#21043	ity,
		Canditians, il any gave rise to im couse (a), stati	mediate ng the	DUE TO, O	acute	NCE OF	ngodevé h	ent fail	lune	//	uca
P)	CATION	gove rise to im	mediate ng the e last NIFICANT CO	DUE TO, O	A CONSEQUE France ONTRIBUTING TO E	NCBOF -	NOT RELATED TO THE TERM	AINAL DISEASE OR COL		ZEN IN PART 110	
7	RTIFICATION	gove rise to im couse (a), staff underlying cause PART 2 OTHER SIG	mediate ng the e last NIFICANT CO	DUE TO, O  (c)  ONDITIONS CO	A A CONSEQUE THE PLANT OF THE P	NCBOF -	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	
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2	CERTIFICAT	gove rise to im couse iol, stati underlying cause in part 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d, IN JURY OCCUR WHILE AT WORK AT WORK IN SOW the decease above University that I sow the decease above University in the sow the decease above University in the III sow th	mediate ng the e last  NIFICANT CO  TION  TORELYING CAUSE OF DEAT ICAL EXAMINER)  RED  HILE CO INTERIOR  THIS  THIS CO INTERIOR  THIS CO INTERIOR  THIS CO INTERIOR  THIS CO I	DUE TO, O  (c)  ONDITIONS CO  196. COND  216. TIME O HOUR A. P. 21e. PLACE (AT HOME STI	R AL A CONSEQUE  THOM FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY JEET, FACTORY, OFFICE, F.  e deceased from  19  after death	NCBOF DEATH BUT  OPERATIO  AY YEAR  19  ARM ETC.)	211 LOCATION SIREET  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NOTE:	OWN  Sote and hou	COUNTY  19 AT 1 or part 2)  COUNTY	that (Causes s
27	MEDICAL CERTIFICAT	gove rise to im couse iol, stati underlying cause in part 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d, IN JURY OCCUR WHILE AT WORK AT WORK IN SOW the decease above University that I sow the decease above University in the sow the decease above University in the III sow th	mediate ng the e last  NIFICANT CO  NIFICANT	DUE TO, O  (c)  ONDITIONS CO  196. COND  216. TIME O HOUR A. P. 21e. PLACE (AT HOME STI	R AL A CONSEQUE  R AL A CONSEQUE  TON FOR WHICH  TION FOR WHICH  FINJURY M. MONTH DA M. OF INJURY  BEI, FACTORY, OFFICE, F.  atterdeath  A.  A.  A.  The deceased from  Atterdeath  At	NCBOF  NC	211 LOCATION SIREET  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOTE:	OWN  Sote and hou	COUNTY	that Causes s

DHMH - 16 60M 7/B4 (VRA 15, 4)

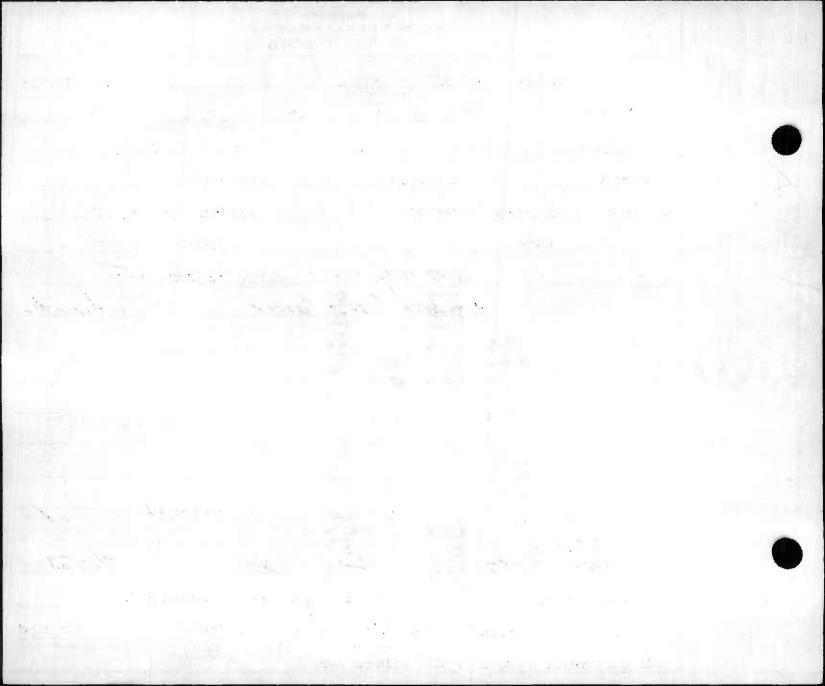


# STATE OF MARYLAND DEPA

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CE	RTI	FIC	ATE	OF	DEATH	8

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05	16667	FR	21 -	FOR STATE REGISTRAR		DEF		EALTH AND MENTA	60	NE RECOUC	9 9 6	8	
				CEASED NAME FIRST		MIDDLE		AST	12	a DATE OF DEATH	MONTH DAY YE	AR 2b HOUR	
	page 3		(TIPE		BELLE	LUCILI	E E	CKELS			4 24 87	10:04A	
	mo).		3. SE		4. RACE		5. DATE O			AGE (IN YEARS LAST BIRT			
	ge 4 mo ector. p			Female	1	White	NO		5	81	YRS.	DATS HOURS MIN.	
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	an Mercol	2		Maryland	Ţ	JSA	WIDOWI			Baltimor	e County	MD.	
	A State	1	10. CI	TY OR TOWN OF DEATH	11. NAME C		IURSING HOME	OR OTHER INSTITUTIO		20 USUAL OCCUPATION	ON 126 KI	IND OF BUSINESS OR	
5/	by the	/	I	ansdowne			Avenue			Homemaker			
= 0	a how	7 1	13a S	AL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUT	ON GIVE RESIDENCE		13d. INSIDE CITY LIM	AITS?	3e.STREET ADDRESS /			
S.	2 EE 2	C	Ma		altimore	Lanso		YES NO		232 Hazel		1227	
71.X	2 sely	17	H FA	THER'S NAME	MIDDLE	LA	57	15. MOTHER'S MAID	DENNAME			LAST	
MA	w ba	20		TINGT	UNKNOWN			6 IK 21		UNKNOW	IN	LAS!	
E C	des les			VAS DECEASED EVER IN U.S			L SECURITY NO.	17 INFORMANT		ADDRE			
BALTIMORE,	9 00		(	NO (IF YE	5, GIVE WAR OR DATES		30-8804A	Linda L.	Hann	na, 232 Haz	el Avenue		
SALT	ficote b papers noval.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse	per line fogiol,	(b), ond ici	10	,		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
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N C	ding	se remave corba	antic			DUE TO	OR AS A CON	SEQUENCE OF					
EST	deor			Conditions, if ony, which									
201 W. PRESTON ST	that the death by the offend ease remove co			gove rise to immediat couse (a), stating th	DUE TO	OR AS A CON	SEQUENCE OF						
5	thot by eose ol, E			underlying couse los	(c)			170					
	N O	o lock.	20	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN PA	RT 110	
DIVISION OF VITAL RECORDS,	beer mit.	1	CERTIFICATION	190 DATE OF OPERATION	196 CO	NDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?	20b. IF YES, WERE F		
AL R	hos t pe		TIF					La Company		YES NO	YES 🗍	NO []	
N N	ding physicistics of the control of			210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	E OF INJURY A.M. MONT	H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM TO PART I OR PA	R† 2)	
0	PHYSICIAN: ending physi this certificat the burial-tran	4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		P.M.	19						
ō.		ō /	VED!	21d INJURY OCCURRED	LAT HOME	STREET, FACTORY	OFFICE, FARM ETC.)	211 LOCATION		CITY OR TO	wn coun	TY STATE	
N.	O to to	Y C	<b> </b>	AT WORK NOT WHILE							1.2.7		
_	0 0 0	E S		22a I certify that (I) (the				30-87 19		to 9-29	. 19	, that_(I) (ve) lost	
	R ATTEN hospital RECTOR ned for u	7 (		sow the deceased alive obove, (I) (was (dus) (d	d nat   yiew the bo	odý ofter deoth.	_19		opinion de	oth occurred on the do	ate and hour and from	m the couses stoted	
	o he be			22b. SIGNATURE	March			DEGREE	DING	MEDICAL STAI		DATE SIGNED	
	by the ERAL DI e detock Stote De	-		MA	10mm	2	h	PHYSIC	CIAN	DIRECTOR PHYSIC	IAN []	24/87	
	od b	A A		22d. PHYS CIAN'S NAME	WE CHENCH			22e ADDRESS					
	TO HOSPITAL retoined by the TO FUNERAL I should be deto with the Store I			Paul Gorm	ley, MD.			St. Agne		osp. Onco	logy Dept		
	E o ras:	_		BURIAL, CREMATION, REMO				EMETERY OR CREMA		23d LOCATION	COUNTY	STATE	
	BP			Burial	4/2	27/87		vet Cemete	ery	Dellarases	-	Maryland	
	DHMH - 16 60M 7	/84		UNERAL DIRECTOR		ADI	DRESS	229	25APR	RES D78Y 1087 AR	256. REGISTRARSSM	Golf tryde E.C.	
	(VRA 15, 4)		I	Jubbard Funera	al Home,	Inc. 43	107 Wilk	ens Ave.		. 1001			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

injury, ar other troumatic event, th

After this certificate has been signed by the attending and the burial-transit permit. They please femove corba

attending physician.

should be detached for use as the buriol-transit permit. They please erwith the State Dept. of Health and Mental Hygiene prior to buildit, crem morked or Item 18 shows

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/84

(VRA 15, 4)

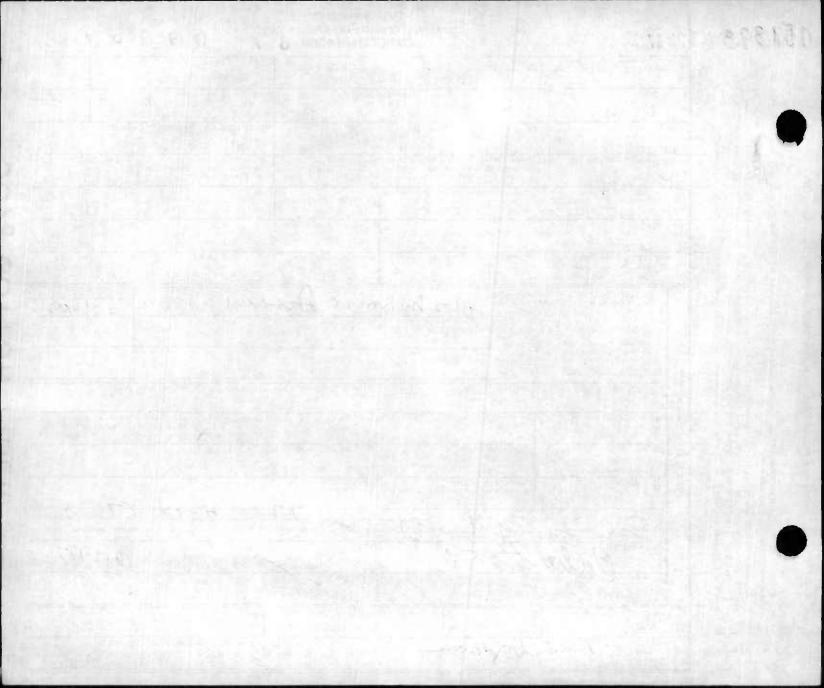
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IMPORTANT: If them 21 is

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.	4	1	0	9
REG. NO.				

	1. DEC	CEASED NAME AKÁRST Ar OR PRINTI	nna Janet Keech Keech	1	Eckert Eckert	20. DATE OF DEATH MC	oril 20		3:15	A
ſ	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF U	NDER I YEAR	HOURS N	MIN.
1		Female	White	Dec.		81	YRS.			
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	В	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH		
7		ryland	USA	WIDOWE		Baltimore	County	4		MD.
P	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPATION		126 KIND OF	BUSINESS	OR
		Idewylde	Armacost Nur	sing	Home	Teacher	ORKING LIFE)	Educ	ation	
	13a. S	TATE 13b. 28	SOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY A  13c. CITY OR TOWN Baltimore	N	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		e., 21	239	
5	IA FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME				
	)	Lawrence Amo	1/	ch	Jennie	Gertruc	le	C	ooper	
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17. INFORMANT	ADDRESS				_
	[Y	res no or unknown) (IF YES, GIV	- 217-22-	9912(	A) Walter M.	Eckert, sai	me as	13e.		
ŀ									NATE INTERVAL	ATH
1		PART I. DEATH WAS CAUSE	ally one cause per line for (a), (b), and (b) BY TE CAUSE (a)	rein	mer? Hu	east	01130	54	ins	-
1		IMMEDIA	(CA031 (0)					0		
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF						
1		gove rise to immediate	(b)						100	
1		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF						
1	90	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	E ATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OF CONDIT	ION GIVEN	IN PART LIG		=
1	Z	TAKE E OTTEK SIOTAL CANT	20110110110 201111110011110 10 10 10	271111	NOT RELATED TO THE TERM	THE DISEASE ON CONDI	ion on En			
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, W			
4	FF					YES TO NOR	N CERTIFYIN YES T	G CAUSES C	OF DEATH?	
	ERI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	- LEA		ORPART 2)		
		OR CONTRIBUTING CAUSE OF DE								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					_
4	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F.	ARM ETC )	STREET	CITY OR TOWN		COUNTY	STAT	E
П			ital) attended the degeased from		10	) . H-	20 10	7	hav (We)	Mart
	-	sow the deceased alive an	(C) (	57.0	nd that (my (aur) apinion of	death accurred on the date	and have an	d from the c	0	
		nbover() are idid ediche	If ee the body after death.		DEGREE	41				_
		A. VIS	estony		ATTENDING	MEDICAL STAFF		DATE S	487	
-		72d. PHYSICIAN SNAME (TYPE O	DE ORINITI	-	PHYSICIAN 272e ADDRESS	DIRECTOR   PHYSICIA	иП.	Mai		
						Pierre Dr.,	Tows	on M	d 21	120/1
-		Robert E. St			1		TOWS	OII, IVI	u. 21	204
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c. N	AME OF	y Valley Mem.	23d. LOCATION	oonium	DUND 1+0	STAT	Md.
			4/23/87 Di	ulane						wid.
		UNERAL DIRECTOR MAKE	to Of alwaysons.	) n.		REC'D. BY REGISTRAR 25				
	N	lartin D. Lawso	on, 10 W. Padoni	a Kd	., 21093	11 4 0 130/	the dis	ridgen. 7	condess	



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# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 9	9	1	U
REG. NO.			4

4	W.	REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. N	10.				
		CEASED NAME OR PRINT)	HUGHES		CHARLES	I	EDEL.	20. 1	DATE OF DEATH	MONTH 04	12	87	3:40	
	3. SEX	MALE		WH1	TÉ			2 -	GE (IN YEARS LAST BE	YRS	MONTH S.		IF UNDER	AIN.
1	BA	ALTIMORU	E, MD 76	U. S	MHAT COUNTRY?	MARRIE	NEVER MARRIED  DIVORCED		ALT IMORE CITY OF			EATH		MD.
	T	OWS ON		GBMC-	6701 NOR	CH CHA	ARLES ST.		USUAL OCCUPAT DE OF WORK FOR MOST UTFITTE		GLIFE) IN	BET	F BUSINE	SS OR
	13o. S	AL RESIDENCE IN NI STATE MD.	13h COUNTY		134. STY OR TOWN		13d INSIDECITY LIMITS	0	STREET ADDRESS	JON	DE /A 7	- AU	E2	1234
		CHAP.	LES	DDLE	EDEL		NELL	1E	MIDDLE		-	400	-HE	5
		VAS DECEASED EVE		ED FORCES? VAR OR DATES	214-14-	2169	17 INFORMANT	mi	LY RE		≥DS			
		18. CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY:	line for (a), (b), and RESPI	RATORY	FAILURE					BETWEEN	MATE INTER ONSET AND	DEATH
		Conditions, if a gave rise to i cause (a), sta underlying cau	mmediate iting the use last.	DUE TO, O	R AS A CONSEQUE	ENCE OF								
3	CERTIFICATION	190 DATE OF OPER					NOT RELATED TO THE T	2	On AUTOPSY?	20b. IF Y	YES, WEI	RE FINDING CAUSES	NGS USE	TH?
1	MEDICAL CER	210. ACCIDENT WAS L OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	P.	M, MONTH DA	AY YEAR	21c. HOW INJURY OCC	CURRED	ENTER NATURE OF INJ	JRY IN ITEM 1	18 PART 1 C	PART 2)		
	MED	214 INJURY OCCU	WHILE D	21e PLACE (AT HOME, STE	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	NWC	c	OUNTY	5	STATE
		220.1 certify that saw the dece above, (1) (we 22b. SIGNATURE	(I) (this hospital ased alive an ) (did) (did not)			87 <sub>, an</sub>	-24 , 19 dt that in (my) (aur) apin	87 nian death	to 4-12 occurred an the c	late and h				
/		224 PHYSICIAN'S ELIS	NAME (TYPE OR P		M.D.		ATTENDINE PHYSICIAL 22e. ADDRESS  GBMC-670	N DIE	RECTOR DHYSI	CIAN		4/1	2/5	7
	23o. B	BURIAL, CREMATION	N, REMOVAL	23b DATE 04-15	-1987 DA	NAME OF C	EMETERY OR CREMATO	RY 2	POPY I	LE	A COU	27	o ca	TATE
	24 FL	JNERAL DIRECTOR	HAPEL	OF CH	Hmes,	Time	250		1.5.1007	25b. REG	ISTRAR'S	SIGNAT	URE	<u> </u>

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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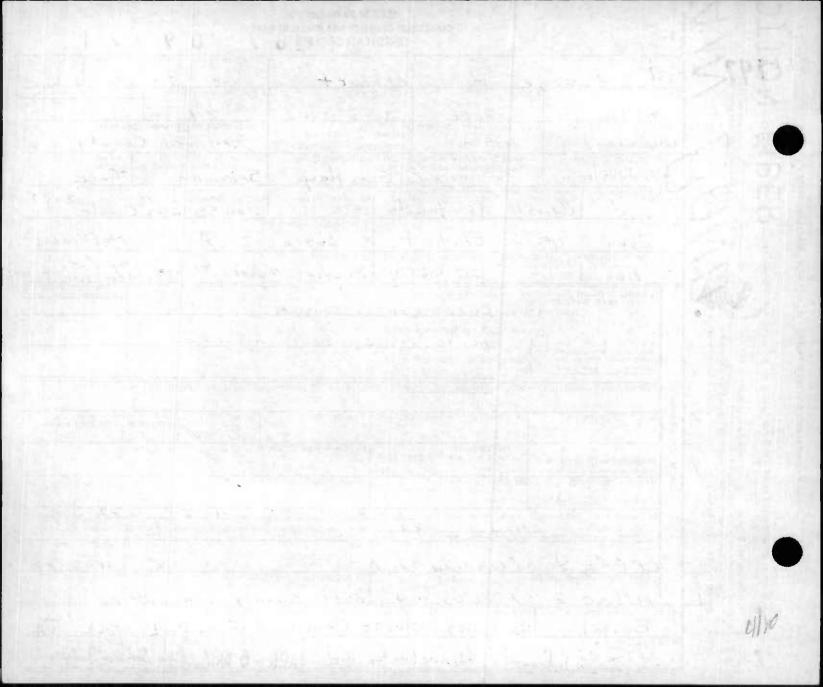
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	0.7	7	1	

	REGISTRAR	CERTI	FICATE OF DEATH 8	REG. NO.	
(TYP	ECEASED NAME FIRST	MIOOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
111	6 eore	e H. Eh	rhart	4 - 5 -	198-7 2:25
3. SE	EX	4 RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS
1	male.	white 3	-6-1903	8-4 YR	
70.8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
77/	MArylAnd	U.S.A. WIDOW		BAltimoie	County
70 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a. USUAL OCCUPATION	126. KIND OF BUSINESS
53	RANdallstown/		ien. Hosp.	SALCSMAY.	Truck
130.	STATE 136. COUN	./ / . / . /	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
	Mc CAV	roll Westminster	YES NO	200 St. Luke	s Circle
149 F	ATHER'S NAME	MIDOLE 1 LAST	15. MOTHER'S MAIDEN NA	WE	1 / 1961
	John He	mry Ehrhart	LydiA	H.	HOFFMAL
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMÁNT	ADDRESS	osley Ave.
And the same	10.	217-14-6774	Eugene Ke	450 819 BC	wson, mdiz
	THE CALLES OF DEATH .	ly one couse per line for (o), (b), and (c).)	<del></del>	<del> </del>	APPROXIMATE INTERVA BETWEEN ONSET AND OF
100		TE CAUSE 10) CO P D 1 OS EA 1			
	Conditions if now which				
	Conditions, if ony, which	(b) ACUTE MYC	corpial i	nforction.	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	ocorpial i	n foretion.	
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Z	gave rise to immediate cause (a), stating the underlying cause last.				GIVEN IN PART 110
CATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	YES, WERE FINDINGS USED
TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  IC)  CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	
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DHMH - 16 60M 7/8 (VRA 15, 4)

FOR



1) 49956 APR ID FOR REGISTRA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 9 REG. NO.	9	1	6
REG. NO.			

		NEO IO I III I					REG. N	10.	¥		
		CEASED NAME FIRST	WIDDIE	L/	AST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOU	R
		ophia	Т.	Eld			April 07		7		М
	3. SEX		4 RACE	5. DATE O	DAY	YE AR	6. AGÉ (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS	M IN.
	-	emale RTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COU		25/14		72 9 BALTIMORE CITY	YRS.	Y OF DEATH		
1111	V.	ountry). Urginia	USA	MARRIED	D NEVER MA	ARRIED	Baltimor	0	0		MD.
7	L	ty or town of death ansdowne	11. NAME OF HOSPITAL, N (HENOT IN SUCH FACILITY, GIV 1710 Ritter	rhouse Au		UTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk		126. KIND O INDUSTRY	F BUSINE	SS OR
2	IJn S Mo	AL RESIDENCE (IF NURSING HOME OF )	VIY, 13c. CIJY Q		13d. INSIDE CIT	Y LIMITS?	130.STREET ADDRESS 1710 Rit	/ ZIP COD tenhou	e use Aven	ue :	21227
3		THER'S NAME arfield C. Swor	MIDDLE LA	AST	15. MOTHER'S A	MAIDEN NAM RST 2e Paln	ner MIDDLE		LAS		
1	60 W	VAS DECEASED EVER IN U.S. AR 5, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES!	L SECURITY NO.	17. INFORMAN		ADDR	ESS			
×	no	0	229-0	79-2838	Glenna S	Sue Jor	res i	1911 H	lalethor	pe A	
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTIN		NOT RELATED T	O THE TERMII	NAL DISEASE OR COM	VDITION GI	VEN IN PART 11	a ·	
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES ES		H?
	MEDICAL CER	218, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONT	TH DAY YEAR			ED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY ( AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	V.	CITY OR T	DWN	COUNTY	S	TATE
		27a. I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE		19, an		. 19 our) apinian d	, ta eath accurred an the c	date and ha			
4		22 PHYSICIAN'S NAME (TYPE	- Sherry		AT Pi	TENDING HYSICIAN	MEDICAL STA	AFF ICIAN 🗌			
			am Schlott, M	.D.	9 E.	Chase	Street B	altim	ore, Md.		
		SURIAL, CREMATION, REMOVAL SPECIFY!	236. DATE 04/11/87	23c. NAME OF C Glen Coe			23d LOCATION Big St	one Go	ap Dick	. V.	TATE a.
		bröse Funeral H	lome 1328 Sulf	öhur Spri	ng Rd.	APR	9 1987	R 25b. REGIS		A Trans	

DHMH - 16 60M 7/84 (VRA 15, 4)

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova MAPORTANT. If them 21 is marked at them 18 show any injury, or other traumatic event, it

etained by the haspital ar attending physician.

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# STATE OF MARYLAND

E )	157 111 -1	187						E OF MARYLAND			
1 4 4		1.	FOR STATE			DEI		IEALTH AND MENTAL HYGIE	ENE		
		1.00	REGISTRAR CEASED NAME	FIRST		MIDDLE			REG. N		7 3
	e # 3		OR PRINT)	7/	100	Ed in	1 2	V 1 7	20 DATE OF DEATH	MONTH DAY Y	THE LIGHT
	nay be page 3	3. SE	x (	DAR	1 RACE	-Children	S. DATE O	Cample, Sr.	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	1 YEAR IF UNDER 24 HRS
	tor.		Mol	0	W		MONT		75	MONTHS	DAYS HOURS MIN.
	Poge		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	NTRY? 8		BALTIMORE CITY O	R COUNTY OF DEA	TH
	eoth.	1	Md.		USA	1	WIDOWI	D X NEVER MARRIED DIVORCED	Boltin	1 As PA	IIA HIMD
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AN	in 24 file		Md.	Balt	imore	Balt	timore	YES NO X	225 Dumbar	cton Rd.	21212
ARYI	of with	14. F/	ATHER'S NAME FIRST Howard	C 1	MIDDLE	LA:	ST	15. MOTHER'S MAIDEN NAMI	MIDDLE		LAST
¥,	ā	14.	HOWARU			In social	SECURITY		narine Coor		25.05.2
OR O	and c	100.	YES NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)		LSECURITY NO.	Mr. Charles I			21012
E	A CONTRACTOR OF THE PARTY OF TH							Mr. Charles i	E. Erdinan,		nold, Md.
	a physic on popule emovol.		PART I. DEATH W			line for (a), (	bl, and ici.	o bealphone		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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201 W.	that di cr		underlying cause	last	( Ic)						
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ORO	4 44 4	CERTIFICATION	19g DATE OF OPERAT	1001	List CONTR	ITION FOR I	######################################		No.	Tan Je ven Luiene	
8	0 0 0 0 0	P. C.	DATE OF OPERAT	ION	196. COND	IIION FOR V	VITICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	AUSES OF DEATH?
ITAI	The state of the s	ER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCURRE	YES NO	YES D	NO 🗍
OF.	At the to	¥	OR CONTRIBUTING C		111		H DAY YEAR		o (Enter Anione of Moor	THE REPORT OF THE PROPERTY OF THE	M 2)
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DIVISION OF VITAL RECORDS,	ond the standard t	×	WHILE NOT WH	ILE	(AT HOME, STI	REET, FACTORY, C	OFFICE, FARM, ETC )	STREET	CITY OR TO	MN CORP	NTY STATE
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	OR 4 Chief Ched		226. SIGNATURE	1	an 1	. 0	K O	DEGREE		li li	DATE SIGNED
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	Of Other	-						Dulaney Val	ley RdT	owson, M	ID 21204
	DD.	730	BURIAL, CREMATION, I	REMOVAL	5/1/8	7		EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP		JNERAL DIRECTOR		1 2/1/0	7	Crowns	ville Veterans		ville, Md.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 teams ofter death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed at the attendant physician and completely fulled that the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please managed to be proposed to the properties of the proposed to the properties of the proper	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury ar other traumatic event, the medical examiner missibe natified or or can
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6 2 4 APR 2	V	FOR STATE REGISTRAR		CERTIFI	OF MARYLAND EALTH AND MENTAL CATE OF DEA	7 0 <sub>REG.</sub>	20.914
4 may be for, page 3 after death		CEASED NAMED AND AND AND AND AND AND AND AND AND AN	C. RACE	A MA		6. AGE (IN YEARS LAST I	4-32-87 833
r deoth. Page funeral direct thm 72 hours	(	RTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland	White CITIZEN OF WHAT COUNTRY?  USA . NAME OF HOSPITAL, NURSIN	MARRIED WIDOWEI	NEVER MARRIED	9. BATIMORE CITY	OR COUNTY OR DEATH  TION 126 KIND OF BUSINESS OR
the the the	ÜSÜ.	AL RESIDENCE (IF MURSING HOME OR OF TATE MAD COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS)	Spice	, Seagrams 1	Dist. Warehouse  S/ZIP CODE rssen Avenue 21206
completely Completely Nonexamnery	14. F <i>A</i>	THER'S NAME	Erdman		15. MOTHER'S MAIDEN NEIL  17. INFORMANT	NAME MIDDLE	French
on ond co. Poges		res, no or unknown) (IF YES, GIVE W					Villow Oak Rd.
equires that the death certifical is signed by the offerment of the place of the property of t	° NOI	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE ( Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b) ATTUC  DUE TO, OR AS A CONSEQUE  (c) PONO. TA	ENCE OF			Se and
The law re- icion.  te has been ssit permit.  rgiene prior shows any ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
ING PHYSICIAN: r attending phys differ this certifica as the buriol-trai ith and Mental Hy arked or Item 18	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hospital saw the discass of dive on above, (I) (we) (id) (id) and not) so the contribution of	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CURRED (ENTERNATURE OF IN	
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR: A should be detached for use with the State Dept: of Heo limpORTANT: If tem 21 is many than 21 is many	22		Alexander, M.I		Dulaney Va	N □ DIRECTOR □ PHYS Lla Maris Hos Lley Rd To	spice
ВР		Burial .			y Redeemer	Baltimo	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERALDIRECTOR  NATieonard J. Ru	ack Inc. Baltim	ore, M		APR 24 1987	R 25b. REGISTRAR'S SIGNATURE

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	HA superations remarked to a	DOM: No DESCRIPTION

mpletely filled in by the funeral director page 3 and 2 should be filed within 72 hours ofter death

nding physician

within 24 hours ofter death. Page 4 may be

# STATE OF MARYLAND

FOR STATE

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATE	OF	DEATH	2 7

REGISTRAR						0	/	REG. NO	7		3		
DECEASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF	DEATH M	ONTH	DAY	YEAR	26. HOL	8
	ae		cey	_	sser			4			87	6-	PM
SEX	4	. RACE		S. DATE C		WE A D	6 AGE INYE	ARS LAST BIRTHE	DAY)	MONTHS	DATS	IF UNDER	21 HRS
Female			hite	10	27	1898	88		YRS.				
BIRTHPLACE (STATE OR F	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	AA A DDIE	NEVE	R MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OFDEA	ATH		
West Virgini			.S.A.	WIDOW	ED 🔀	DIVORCED	Baltin			ph.			MD.
O. CITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION	120 USUAL O				KIND OF	BUSINE	SS OR
Dundalk		LO9 Pata	apsco Ave	. 212	222		(TIPE OF WORK	FOR MOST OF V	Home				
USUAL RESIDENCE (IF NURSI	NG HOME OR O				A 104 INICIDE	CITY LIMITED	In CYPERT A	DDDECC / -	ZID CODE				
Maryland	Balti		13c. CITY OR TOWN Dundal		YES []	CITY LIMITS?	130 STREET A	atapso	o Av	re./	212	22	
4 FATHER'S NAME					15 MOTHE	R'S MAIDEN NAM							
Willard	M	IDDLE	Mullins			FIRST	I	Unknow		ula.	LAST		
60 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	100	ADDRES:	5	Ba.	lto.	, Mo	
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	216/76/29	76	Edith	J. Oxsh	eare 1	09 Pat	apso			2122	:2
18 CAUSE OF DEATH	1 Enter only	one couse per	line for unit by one	d (c)						BE	APPROXIM	NATE INTER	VAL
PART I. DEATH W	AS CAUSED	BY:	Cas	den	1	nes				1	4 . 4 4	101	,
	IMMEDIATE	CAUSE (o)	- 0- 0	0						1	Trees.		
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Conditions, if ony, gove rise to imm		(b)_	Corow	000	wen	Mind	while		4 20	_/_	0	1	
cause (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF		0							
PART 2. OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDI	TION GIV	VEN IN P	ART 110		
190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO		20b. IF YES				
E E							YES 🗌	NOB	IN CERTIF	ES	AUSES (	NO [	
190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION		216. TIME O	FINJURY M. MONTH DA	V VEAR	21c HOW	INJURY OCCURR	RED (ENTERNAT	URE OF INJURY	IN ITEM 18 F	PART I OR P	PART 2)		
OR CONTRIBUTING		P.		19									
21d INJURY OCCURR		21e. PLACE		17	211 LOCA	TION			-				
MALIFE NOT AN			EET, FACTORY, OFFICE, F	ARM, ETC.)		EET		CITY OR TOWN	4	COU	NIY	5	TATE
				1	2	12		4/0	1	2	2		
22a.1 certify that (1)		ol) ottended/the	e deceosed from _	DA	~	. 19	, to	1/7		19.0	tl	hot (I) (	lost (
sow the decease	d olive on _	view the body	ofter death.	, 0	nd that in (m	ny) (oor) opinion o	death accurred	on the dote	e and hou	ur and fro	om the c	ouses st	ted
225 SIGNATURE			-0		DEGREE		100	1300		27c	DATES	GNED	
1100	2	9,0	Den !		MAD	ATTENDING PHYSICIAN	MEDICAL	STAFF		4	49	101	1
21/ PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDR		Λ			- 7	1		
Dr. Louis	Olso	n			1012	Old Nor	th Poi	nt Rd	. Bal	lto.	, Md	. 2	L224
230. BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	NAME OF	CEMETERY-C	RCREMATORY	23d. LOCA						
230. BURIAL CREMATION. ISSEMBN COMBINET Burial	IT	4/11/3	1987 LO	idon :	Park C	emetery	Balt	imore	, Man	ryla	nd 2	1228	3

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, symmetrials.

IMPORTANT: If Hem 21 is marked or Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician,

BP.

DHMH - 16 60M 7/B4

Loudon Park Cemetery Ba 250. DATE REC'D. alto., Md. 21222 APR 1 4 Walter Brooks Bradley, Inc. Balto., Md. 21222

Baltimore, Maryland 21228
CD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
4 1887 Julia December Leaders

A Phosp E it county was the state of the 1994 of the state of th 051293

in by the funeral director, page 3 e filed within 72 hours offer death

hours ofter death Page 4 may be

## STATE OF MADYLAND

	FOR			0.00		L OF MARTLAND					
	STATE			DEP		ICATE OF DEATH		NE REGIN	lo. <b>(3</b> )	. 3 10-3	1
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	HOUR
(TYPE	E OR PRINT)	Walter	ν	Vorthin	gton	Ewell	- 19	April 17	, 1	1987	9:40 A
3. SE.	X		4 RACE		5. DATE C		-	AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male			hite	May	6, DAY 192	20	66	YRS.		MIN.
	IRTHPLACE (STATE OF	RFOREIGN		WHAT COUN	TRY? 8.	D NEVER MARRIE	D 0 9	BALTIMORE CITY			
_	laryland			JSA	WIDOWE	D DIVORCE	D 🗌	Baltimor			MD.
5	ITY OR TOWN OF DE			HOSPITAL, NICH FACILITY, GIVE		OR OTHER INSTITUTION		20. USUAL OCCUPAT			OF BUSINESS OR
	ckeysville		3 B N	ut Meg	Knoll (	Court #210	30	Consultant			neering
13a S	AL RESIDENCE (IF NUI STATE laryland	13b COUN		113c. CITY OR		136 INSIDECITY LIM		3e STREET ADDRESS 3 Nut Meg	ZIP COL	oll Ct. #	21030
14. FA	ATHER'S NAME		MIDDLE	LAS		15. MOTHER'S MAID	ENNAME	E MIDDLE		LA	
3 W	alter	Samu		Ewel		Anita		Llewelly	n	Baum	
	WAS DECEASED EVE		MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		ADD	ESS		
	YES NO OR UNKNOWN)	WV		218-1	0-2671	Clay Cam	neron	Ewell, 73	27 Ca	rved St	one,
	18 CAUSE OF DEA	TH (Enter on	y one couse p	er line for (0), (	b), ond,scv.	2 Colum	bia,	Maryland	21045	APPRO) BETWEEN	ONSET AND DEATH
V	PART I. DEATH		DBY: E CAUSE (0)	Va	1010-K	MMARL	W	arren			
-3	DUE TO, OR AS A CONSEQUENCE OF A								1101		
	Conditions, if any, which (b) Coronary						ner	y dula	11		uvi)
	gove rise to immediate couse (a), stating the underlying couse last.			OR AS A CONS	S A CONSEQUENCE OF ASCVD					y	ilan
	PART 2 OTHER SIG	SNIFICANT C	ONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO TH	E TERMIN	IAL DISEASE OR COM	IDITION G	IVEN IN PART 1	0
ON N		(0)	PD								
CERTIFICATION	198 DATE OF OPER	ATION	19b CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE FIND!	
HE							116	YES NO		YES [	NO 🗌
	210. ACCIDENT WAS U	_		OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
CAL	OR CONTRIBUTING		100	P.M.	19						
MEDICAL	21d. INJURY OCCU	RRED	21e. PLACI	OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION		CITY OR T	OWN	COUNTY	STATE
2	AT WORK NOT AT W	ORK	(AT HOME, S	INCEL, PACIONI, C	A				- 1		
- 7	27a.1 certify that (1) (this hospital) attended the deceased from 1981, to 1981, to 1981, that (1) (we) lost										
V	sow the deceased alive on										
	226 SIGNATURE	12/7	11 +	14	1	DEGREE				22c DATE	SIGNED
4		101	Maly	2 1110	N/	PHYSIC	CIAN X	DIRECTOR PHYS	CIAN	4	117/87
	22d. PHYSICIAN'S	VAME (TYPE O	RPRINT	1 1		22e. ADDRESS	1			2103	
				os, M.				Ilage Cen	ter, C	ockeysv	ille,MD.
	BURIAL, CREMATION		23b. DATE	04 10-		EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	_	COUNTY	STATE
	Buri	al	Apr.	21,'87	Evergr	een Mem.		Finksbu	g, Ca	rroll Co	MD.
24 F	UNERAL DIRECTOR	Mari	inde	gawage	RESS	P P	A HATE!	PEOP POGGISTRA	KIZSELREGIE	earders offen	im Reliant
Ma	artin D. 1	_awsor	, 10 W.	Pador	nia Rd. T	imonium					

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion or should be detached for use as the buriol-transit permit. Then please remove carbon papers. Rewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, th

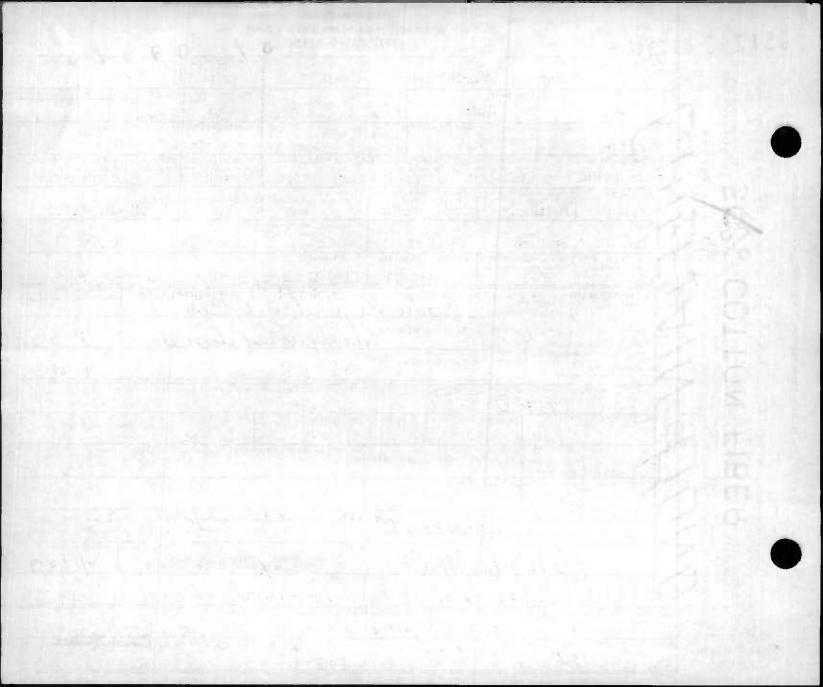
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

(VRA 15, 4)



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within 24 hours

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MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather

TO FUNERAL DIRECTOR, After this certificate has been ugine should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to hear

DHMH - 16 60M 7/B (VRA 15, 4)

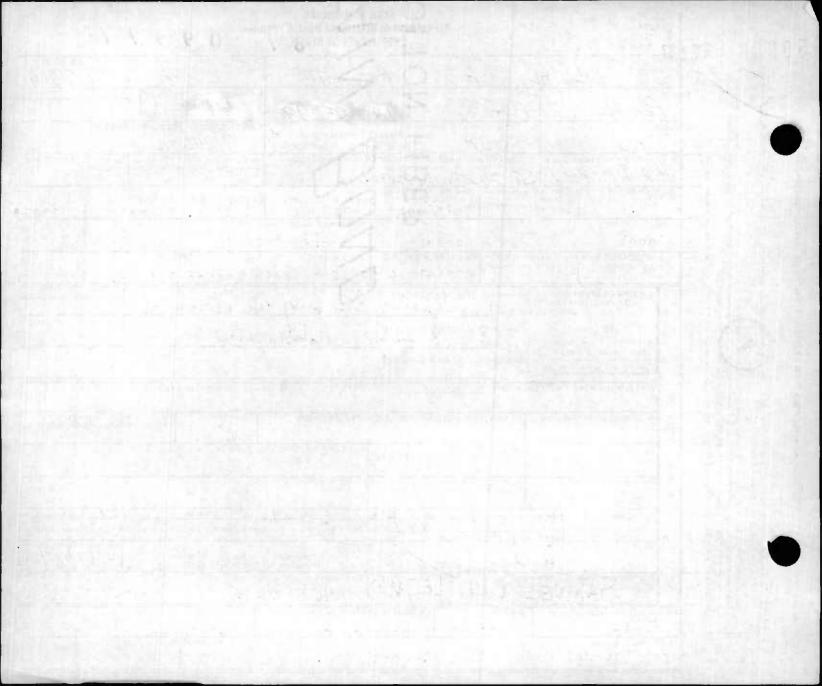
TO HOSPITAL OK ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLANI	•
STATE OF MAKILANI	2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

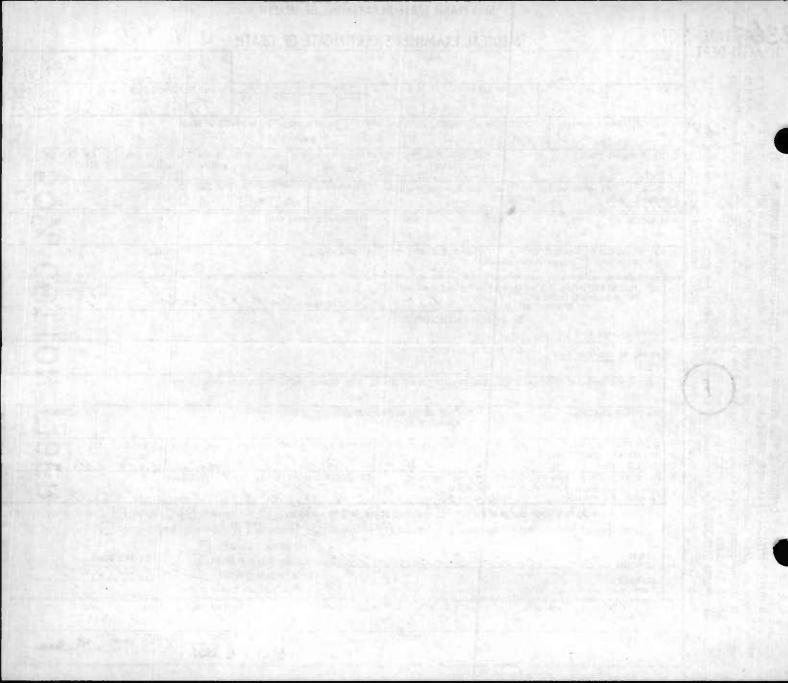
O <sub>REG.</sub>	9	7.	1
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22	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYGII	ENE O PEG N	9 7	1	
		CEASED NAME FIRST OR PRINT) LILLIA	N "	A	FA	155eTT	20. DATE OF DEATH	MONTH DAY	SP7	7:30Am
1	3 SEX	remale	BLACE	K	DATE O	25 20	6. AGE IN VERB AST BIR	YRS		IF UNDER 24 HRS. HOURS MIN.
1	,	RTHPLACE (STATE OR FOREIGN OUNTRY)  Md,	45	77 W	VIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY O	on		MD.
8	Ę	HATIMORE	ST. JU	SEPH HOST	RESS)	PROTHER INSTITUTION	170 USUAL OCCUPATION OF COMMON TO WIT	ON F WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR
5	130. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		Baltimor		YES NO	13e STREET ADDRESS	ZIP CODE Lanva	le St	. 21213
De	) J	acob	MIDDLE	Fassett		Nettie	MIDDLE	Ryan	£ AST	
2	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	# 2 2 1 - 1 0 -		2 Stephani	e Nathan	1/10		ddle St.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY: E CAUSE (10	ine far 16 , (b) and 10	100	Etiology w	indeterm	med	BETWEEN	WATE INTERVAL DISSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DOE TO, OR	AS A CONSEQUENCE	ibli	e Chalang	gitis			
	NO	PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART Tro	
1	CERTIFICATION	19a date of operation 19b. condi		ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO			OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK		OF IN JURY ET, FACTORY, OFFICE, FARM	LETC)	211 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
		220.1 certify that (X) (this harm saw the deceased a above, (1) (we) (did) (11.5 m)	4-16	198		nd that in logy) (aur) opinion de	eath accurred on the de	19. ate and haur ar		that X (we) lost couses stated
		22b. SIGNATURE	ul	17/		ATTENDING PHYSICIAN	MEDICAL STAL		22c, DATE S	1/875
		22d PHYSIQIANI'S NAME ITYPE OF	L CI	H. LEE,1	M.D.	7620 Y	ORIC RO	TOW	SON	MDro
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4-24			emetery or Crematory'	23d LOCATION CITY OF TOWN  Raltim	ore	OUNTY	STATE M.d.
M		uneral director ch <sup>na</sup> ffuneral Ho	ome 1	101 ADDRESS N	ort	h Ave. Sch. DATE	REQ'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNATU	URE



1DM - 1/69

Ruck Towson Funeral Home, Inc.



TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the haspital or attending physician.

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	. 3	1	6
0	9	4	-	•
PEC	NO			

1.00	REGISTRAR			CERTIF	ICATE OF DEATIS	REG, NO.		-
	CEASED NAME FIRST	MI	DDLE	l	AST	20. DATE OF DEATH MO	NTH DAY	YEAR 26 HOUR
87	JAMES	M.		FEF	RGUSON	April 26,	1987	N
3. SE	Х	4 RACE	200	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER	TYEAR IF UNDER 24 HRS
	Male	Wh	ite	Dec	5. 30°, 19†8°	68	YRS	
7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEA	ATH
	Illinois	U.S.A	•	WIDOWE		Baltimo	re Count	ty MD
100	Dundalk	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A SINT NURS	ADDRESS)	or other institution Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Ret. Milita	ORKING LIFE) INDL	KIND OF BUSINESS OR JSTRY
13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO Maryland		ive residence before 36. CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS?	1705 Mt. Wa		21209 Court
Mil.	ATHER'S NAME FIRST	MIDDLE	Ferguso	on	Harriet	WE	Ev	rers
	WAS DECEASED EVER IN U.S.,	ARMED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	212	209
	Yes Nav	y WW II	330-12-9	9870	Dorothy R. E	erguson 1705	Mt. Was	shington Ct
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED)	SED BY: ATE CAUSE (a)	("	and	iae arreit		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	)	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF			y desease year		years
NO	PART 2 OTHER SIGNIFICAN	CVA	old	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN P	ART No
	0111700				4MM MI			
TIFICA	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	Ob. IF YES, WERE N CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO [
CAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT HER NOTIFY MEDICAL EXAMI	21b. TIME OF HOUR A.M	INJURY . MONTH DA			11	YES [	FINDINGS USED AUSES OF DEATH? NO []
MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMINATION OF COURSED	21b. TIME OF HOUR A.M P.M 21e. PLACE O	INJURY . MONTH DA	AY YEAR 19		YES NO	YES [	FINDINGS USED AUSES OF DEATH? NO
_	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIBU	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STREE	INJURY . MONTH DA . FINJURY E1. FACTORY, OFFICE, FA	AY YEAR 19 ARM, ETC)	21¢ HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJURY IN	COU	FINDINGS USED AUSES OF DEATH? NO  ART 2)  NTY STATE
_	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 27a.1 certify that (1) (this has sow the deceased alive	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STREE	INJURY . MONTH DA . FINJURY E1. FACTORY, OFFICE, FA	AY YEAR 19 ARM.ETC)	211 LOCATION STREET  211 LOCATION STREET  Ad that in (my) (our) opinion of the physician physici	YES NO RED (ENTER NATURE OF INJURY IN	COU  COU  COU  COU  COU  COU  COU  COU	FINDINGS USED AUSES OF DEATH? NO  ART 2)  NTY STATE
_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFF MEDICAL EXAMI 21d INJURY OCCURRED  WHILE NOT WHILE AL WORK  27a. 1 certify that (1) (this has sow the deceased olive obove, (1) (we) (did) (did	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE pitol) ottended the on not) view the Body o	INJURY . MONTH DA . FINJURY ett. FACTORY, OFFICE, FA dereosed from 21 19 tter death.	AY YEAR 19 ARM.ETC)	21c HOW INJURY OCCURR  211 LOCATION STREET  19 8 1  and that in (my) (our) opinion of the physician of the p	YES NO NO NOTIFICATION IN THE PROPERTY IN THE	COUNTY ON THE MENT OF PART OF	FINDINGS USED AUSES OF DEATH? NO []  ART 2)  NTV STATE  7, that (1) (we) lost om the couses stated DATE SIGNED  127/87
WEDICAL WEDICAL	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF LEFT CAUSE OF LEFT CAUSE OF	21b. TIME OF HOUR A.M P.M 21c. PLACE O (AT HOME. STREE pital) ottended the con not) view the Body o	INJURY . MONTH DA . FINJURY IT FACTORY, OFFICE, FACTORY, OFFICE, FACTORY dereosed from	AY YEAR 19 ARM.ETC)	21c HOW INJURY OCCURR  211 LOCATION STREET  19 8 1  and that in (my) (our) opinion of the physician of the p	YES NO NO NO NEED (ENTER NATURE OF INJURY IN CITY OR TOWN deoth occurred on the date	COUNTY ON THE MENT OF PART OF	FINDINGS USED AUSES OF DEATH? NO ART?  NITY STATE  , that (II (we) lost om the couses stated  DATE SIGNED  127/87  Maryland

DHMH - 16 60M 7/B (VRA 15, 4)

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THE COURSE OF THE PROPERTY 25, 1987 ele el 111 el 11 .A.B.CO metonica description of the contract of the first out the contract of t released anometer of the Tan Army ME II 330-12-9670 | Derochy B. Perguson 1705 Et. Hants ton Dr. Misovenido Datos M.U. 21 Ornamicos Mi. Cocke, while, Marytana Ministry - morganiza Lengthell morganiza fell 25 mg L februar Hechard J. huden, Inc. partiagras, Hargeand I Agr

	P/	1	Item #3e,15	G 627	5/12/27	STATI	OF MARYLAND				
516	3 2 APR :	2º1	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYDICATE OF DEA	O <sub>REG</sub> . 2	0. 9 8	U	
20-			ECEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
pe o	depth depth		Henry	(	NMN)	FETTE	RMAN	April 24,		3	10:14P
9	rer o	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
9 9	ecto rs of		Male		asian		/12/22 YEAR	64	YRS.		
O to	175		country) Pennsylvania	USA		WIDOWE		Baltimore city o		DEATH	MD
101 a affer a	114	A	altimore	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE .in Squa	T ADDRESS)	or other institution ospital	120 USUAL OCCUPATION OF COMMON OF CO	F WORKING LIFE) IN	NDUSTRY	BUSINESS OR
AND 212	SE	13a. M			13c. CITY OR TO Dunda		13d INSIDE CITY LIMITS? YES NO 🛱	13e.STREET ADDRESS	zip code ulette	Rd.	21222
MARYL	3/第7	14. F	ATHER'S NAME FIRST Reese	MIDDLE	Fetter	man	Nelfie	Mari		Fryer	
ORE,	ad co		WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SEC		17. INFORMANT	ADDRE			C 1997 I
TIMO be es	S. Page		No N/A	A	211-12	-8336	Nora M. Wa	1tman S	ame as		MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed.	igned by the attending pen please remave carban ben please remave carban burial, crematian, ar ren ury, ar ather traumatic ev	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O    b)   DUE TO, O		UENCE OF COLOR	colon carcinor		DITION GIVEN II	N PART 11a	
AL RECORD	has been it permit. The ene prior to	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
OF VITA	g physici errificate ial-transi intal Hyg hem 18 sh		210.0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF MILL	RY IN ITEM TO PART 1	OR PART 2)	
IVISION	ar attendin After this of e as the bur alth and Me marked ar t	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
N N	R. Ar. Ar. Are tealt		22a.1 certify that (1) (this hasp				18, 19.87	,	19_		hat A (we) last
TTE	Spito CTO CTO I for of h		saw the deceased alive ar abave, (4) (we) (did) (6)	April	after death.	<del>87-</del> . a	nd that in (Ny) (aur) apinian	death accurred on the d	ate and haur and		
AL OR	E 750 =		22b. SIGNATURE	aill				MEDICAL STA		DATES	24/87
HOSPIT	retained by to TO FUNERAL should be dewith the Start	1	22d PHYSICIAN'S NAME (TYPE				9000 Frankl	in Square Di			
5	BP		Burial, cremation, removal (SPECIFY) Cremation	04/2	7/87 Cd	untry	emetery or crematory side Crem.	23d LOCATION CHYOR TOWN Onemaugh	Somer n Twnsh	p.,	County PA
DH	MMH - 16 60M 7/B4 (VRA 15, 4)		uneral director Mac Na enderson Func				Balto, MD 250. DA wn, PA <b>A</b>	PR271987	25) REGISTRAR	SSIGNATI	ndres

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	Frail Uprover	

# STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h. HOUR

3. SEX A RACE S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (INYEARS IA	13-196)
MONTH DAY YEAR	
1 Female White 12-24-1926 6	O YRS
	TY OR COUNTY OF DEATH
COUNTRY) MARRIED MEVER MARRIED	
	ore County M
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1700 OF OF WORK FOR M. (1700 OF WORK	IPATION 126, KIND OF BUSINESS OF LOST OF WORKING LIFE) INDUSTRY
Randallstown Baltimore CO. Gen. Hosp. Housewi	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. STREET ADDRI	ESS / ZIP CODE
	isterstown Rd. 21117
IN-FATHER'S NAME IS MOTHER'S MAIDEN NAME	
Jesse Gillum Carey	DLE LAST
	DDRESS
No   (IF YES, GIVE WAR OR DATES)   233-42-9599   Sharon West   Same a	s Above
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) CONDITORONO NO CY CONCEST.	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which ( th) Conservery Action Disection	
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gove rise to immediate	5 €
gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF	5 4
gave rise to immediate couse (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENC	5 4
gave rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE LAST.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE	CONDITION GIVEN IN PART 1(0)
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Md.

24 FUNERAL DIRECTOR

Eline Funeral Home

Reisterstown, Md.

250. DATE REC'D. BY REGISTRAPIZSE REGISTRAPI'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the with the State Dept of Health and IMPORTANT: If them 21 is mark

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burnel from parm. Then please remove carbon pagns with the State Dept of Health and Montal Hygiens print to burial, cremation, ar remova

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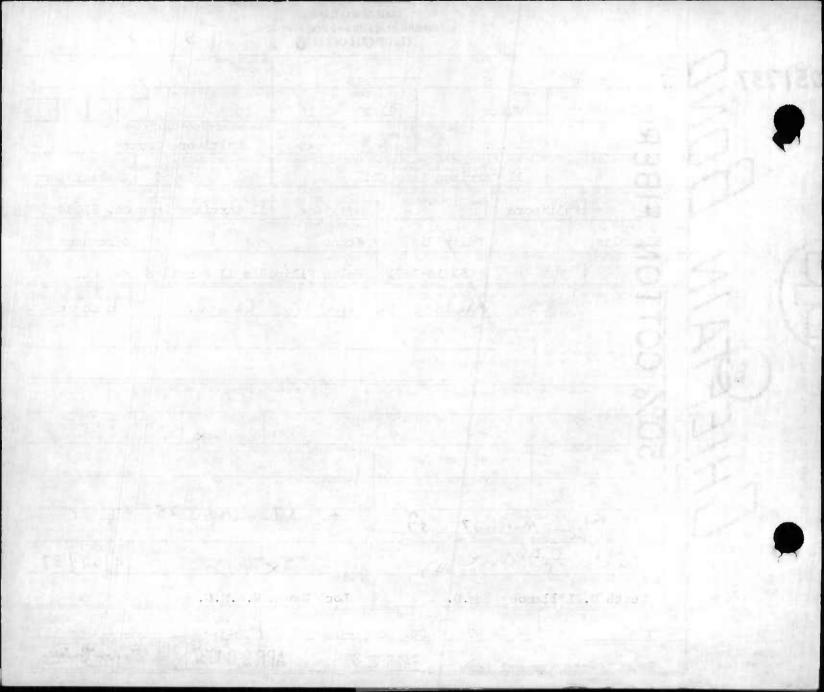
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 9 REG. NO.	3 6	1 2
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REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
1. DECEASED NAME	FIRST		WIDDLE		LAST		MONTH	DAY	YE AR	2b. HOUR
7 17.4	TAMES	1	<i>V</i>	FILIP	IDIS		4	25	87	
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		ERIYEAR	IF UNDER 24
Male		White	9	MONTH 11	21 DAY 16	70	YRS.	MONTHS	DAYS	HOURS A
I. BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY		TY OF DI	EATH	
Greece		U.S.A.		WIDOWE		Baltimo	re Co	ount	У	
10 CITY OR TOWN O	F DEATH	(IF NOT IN SUC	HOSPITAL, NURS THE FACILITY, GIVE STRE ARTIAGE	EET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Self Empl	F WORKING	LIFE) IN	DUSTRY	f BUSINESS urate:
130. STATE Md	13b COUN		GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 11 Carriag	zip col	ub C	t. 2	1234
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WAS DECEASED (YES NO OR UNKNOW YES		E WAR OR DATES	052-18		17 INFORMANT Helen Filîp	ADDR idis ll Car				
18. CAUSE OF	DEATH (Enter an	ly ane cause per	line far (a), (b), (		c Gastric				APPROXI	MATE INTERVAL
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DHMH - 16 60M 7/8 (VRA 15, 4)

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### STATE OF MARYLAND

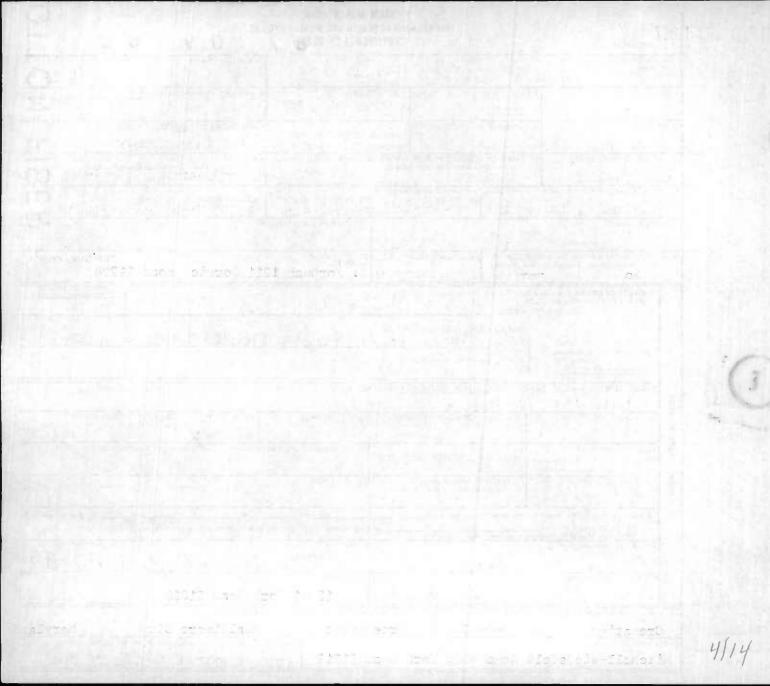
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Nevideon Pandall

1		FOR STATE REGISTRAR				EALTH AND MENTAL HYC	GIENE	0 8690	9 8	3	
4		CEASED NAME FIRST	WIDDLE		i	AST	20 DAT	E OF DEATH MO	NTH DAY	YEAR	26 HOUR
	(ITPE	Bliss	5		F	orbush			4 6	87	9:25 P <sub>M</sub>
	3. SEX		4. RACE		S. DATE C		6. AGE	(IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
		Male	White		MONTH	14 96	9	1	YRS.	UNIS DAYS	MODES MIN.
5	70. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	MARRIE	NEVER MARRIED		IMORE CITY OR			
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)	Co	ockeysville	Broadnea	Y, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	(TYPE_OF	ual occupation work for most of w eadmaster	ORKING LIFE)	126. KIND O INDUSTRY Frie	nds Schoo
(200	130. S	Maryland Balt	TY 113c CIT	TY OF TOWN OCKEYS		13d. INSIDE CITY LIMITS?  PYES NO 💢	13	eet address / z 801 York		210	30
A.	14. FA	THER'S NAME FIRST William	Parmon	Forb	neb	is. Mother's maiden na first Maud	AME	MIDDLE		LAS Ra	rden
1	160. W	/AS DECEASED EVER IN U.S. ARM	Byron MED FORCES? 166 SC	OCIAL SECURI	010 11	17. INFORMANT		ADDRESS			en, md.
	Ι¥	ES, NO OR UNKNOWN) (IF YES, GIVE	war or dates]	2-32-1	269	B. Forbush 1	211	Berwick R	load 2		
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per fine far		87	randial	Tin	Fuctor			MATE INTERVAL ONSET AND DEATH
		IMMEDIATI	E CAUSE (a) / 1C	OIC V	1	cavarat		Tave 179		MI	VI -
		Conditions, if any, which ( ) A NEW SCIENTIC ( and wascular Disease								40	dy
		gove rise to immediate couse (a), stoting the underlying cause last	DUE TO, OR AS A	CONSEQUEN	ICE OF				12.	J	
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>	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	TH HOUR A.M. M		YEAR	21c. HOW INJURY OCCUR	RRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	
	MEDIC	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU LAT HOME, STREET, FACT		M, ETC	211. LOCATION STREET		CITY OF TOWN		COUNTY	STATE
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		soy the deceased alive an abave, (I) (we) (did) (did not	view the body ofter de	19 eath.	, or	nd that in (my) (our) opinian	n deoth oc	curred an the date	and hour a	nd from the	couses stated
	1	226. SIGNATURE	1 dus	M		DEGREE ATTENDING PHYSICIAN [	MEDIC DIREC	CAL STAFF TOR PHYSICIAI	Mu	22c. DATE	51GNED 7-87
/		22d PHYSICIAN'S NAME 114PE OF	Printi F	D		22e ADDRESS 13801 Yo	ork R	oad 21030			
	23a. B	SURIAL, CREMATION, REMOVAL	236. DATE	23c. NA	WE OF C	EMETERY OR CREMATORY		OCATION			
		Cremation	4-8-87		Gree	nmount	Ba	ltimore (		COUNTY	Maryland
	24 FL	JNERAL DIRECTOR		1000011		25a. DA		BY REGISTRAR 256		R'S SIGNAT	
	Mi	itchell-Wiedefel	ld Home 650	0 York	Roa	d 21212	0 0	1007	. · K	·1- P	date



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STATE OF MARYLAND

HYGIENE		
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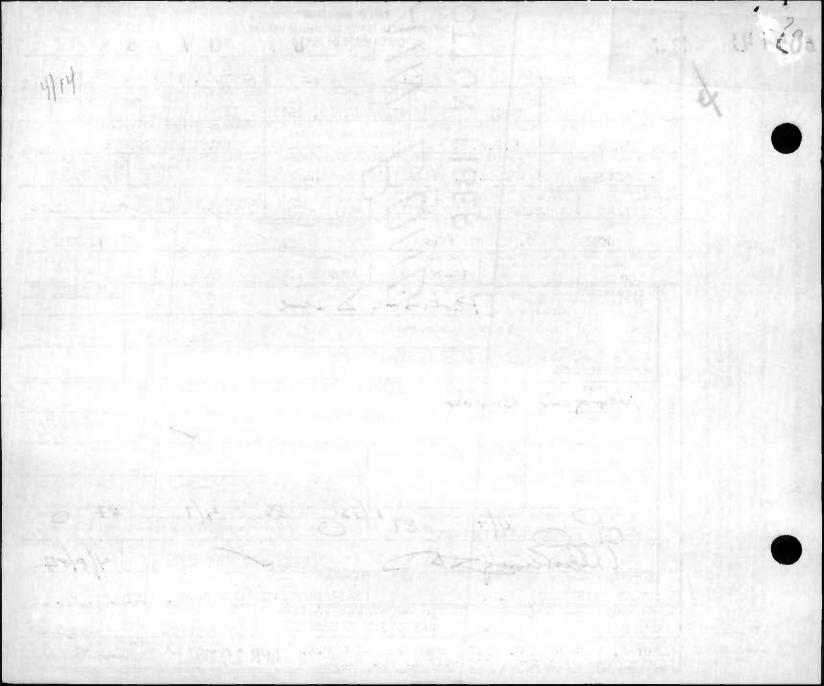
DECASED NAME  GEORGE  GEORGE  CECIL  FORD  3. SEX  MALE  WHITE  FREBRUARY 10, 1912  75 WHAT CONTROL OF SAME  MARYLAND  U.S.A.  WHOTE  FREBRUARY 10, 1912  75 WASHER LIVER COUNTY	1	POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								8 .:	
GEORGE CECIL FORD APRIL 8, 1987  1:20 A M    APRIL 8, 1987   A	i	100	2	F4D<7		MIDDLE		0 /	REG. NO. 7	O THE	Tat HOUR
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MALE    To BIRHPLACE   STATION OF DEATH   TO   TO   TO   TO   TO   TO   TO		2 (5)		GEOR		CEC.	_			ME LINIDED LIVE AR	
10 CITY OF TOWN OF DEATH   1. NAME OF HOSPITAL, NURSHINGH HOME OF HOSPITAL, NURSHING		3. SEA		100	4 RACE		MONTE	DAY YEAR			
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MARYLAND BALTIMORE CATONSVILLE VES   NOME   7 KIMBALL RIDGE COURT 21228  II. FAITHERS NAME   15 MOTHER'S MADEN NAME   15	-	USUA	L RESIDENCE (IF NURS					ALL ALCOS CONTAINED	Les expert apprecs / 710 con		
THIST JOHN C. FORD   CLARA   MODIE   INSTITUTE   INS	>	N	MARYLAND					YES NOX		E COURT	21228
The was deceased ever in u.s. armed forces?   The Social Security no 215 - 24 - 0543   AUDREY FORD   SAME AS # 13	1	14. FA			MIDDLE	LAST				1AS	57
Temporary			JOHN		C.	FORD		CLARA		BEC	CKER
18 CAUSE OF DEATH littler only one course paralog for 101 by and the part 1. Death was caused by mediate cause by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was caused by mediate cause on the part 1. Death was performed by th						16b. SOCIAL SECU	RITY NO.	17 INFORMANT			
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ALAN REISINGER M.D.  230 BURIAL, CREMATION, REMOVAL (SPECE)  CREMATION  4/8/87  CREMATION  4/8/87  STATE  CATONSVILLE  MARYLAND  24 FUNERAL DIRECTOR  LEROYAMM & RUSSELL C. WITZKE EUNERAL HOMES P.A.  250 DATE RECOLO BY REGISTRAR 25b, REGISTRAR 25b	1		224 PHYSICIAN'S N	AME (TYPE O	R PRINT)			1220 ADDRESS		1	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CREMATORY COUNTY STATE COUNTY COUNTY COUNTY STATE CATONSVILLE MARYLAND  24 FURRAL DIRECTOR RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D BY REGISTRAR 256, REGISTRAR 5 SIGNATURE  1. EROY-MM. & RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D BY REGISTRAR 256, REGISTRAR 5 SIGNATURE			ALAN REIS	SINGER	M.D.					TIMORE	MD.
CREMATION 4/8/87 WESTVIEW CREMATORY CATONSVILLE MARYLAND  24 FURRAL DIRECTOR RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D BY REGISTRAR'S SIGNATURE  LEROY-MM. & RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D BY REGISTRAR'S SIGNATURE				REMOVAL	23b. DATE	230	NAME OF C		23d. LOCATION		
14 FUNERAL DIRECTOR LEROYAMM. & RUSSELL C. WITZKE EUNERAL HOMES P.A. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		- 1	CREMATION		4/8/8				the state of the s		
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If Item 21 is morked or Item 18 shows



eral directar, page 3 72 hours ofter death

149997 APR 1 STATE REGISTRAL

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TT THEFT				

1 00	CEASED NAME	FIRST	MIDE	DLE	LAST			20. DATE OF D	EATH MC	HINC	DAY YEAR	1.00	HOUR
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1	C ON PRINTI	Charles	Ed	ward	Ford	, Jr.			Apı	ril 1	1987	7	
3. SE	Х		RACE		5. DATE OF B			6 AGE (IN YEAR			IF UNDER 1 YE		INDER 24 HR
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	aryland ATHER'S NAME	Baltin	nore I	Cockeys		ES	NO X	10404	reen	side	Dr.,	211	130
	FIRST	MIDO		LAST		MOTHER.	FIRST		MIDDLE			LAST	
12.3	Charle		Edward		d,Sr.	Cor		٨	ADDRESS			B	arret
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Marin Harten and and and

100	15 10 100	1-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALT	MARYLAND H AND MENTAL H CERTIFICATE/O	EDEATH Y	98	6
J + 7	JOIS AR.	1. DE	CEASED NAME E OR PRINT)	FIRST	7746	WIDDLE	VER 3	LAST	20. DATE KNO	WNX MONT	H I DAY YEAR 2b. HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. 5, FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	3 SE			5 DATE OF BIRTH	P. 6. AGE (IN Y LAST BIRTHI	EARS IF U		DEATH MA  24 HRS. 2c. DATE  PRONOUNCED	TED 4	2 19 87 M
	CESSARY WERAL DI FOR YOU WITHIN 73	FC	JE WHI RTHPLACE (STATE OR REIGN COUNTRY) Iaryland	TE A	PRIL19, 76. CITIZEN OF WE U.S.A	HAT COUNTRY?	RS. MARE	NEVER MARRIE		_	2 1987 12:41 NIY OF DEATH
	DITHE PURE		TOWSON	ATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OT		12a. USUAL OCCUPATION FOR MOST OF WORKING OF Bricklas	IFE)	UNITY MD  176 RIND OF BUSINESS OR INDUSTRY  Constructio
	102 100	130. S	RESIDENCE (IF IN NE TATE Lryland	RSING HOME OR 136. COUNT Balti	OTHER INSTITUTION, GE Y	VERESIDENCE BEFORE ADMISS 13c. CITY OR TOWN 21222	EION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		venue 21222
	BALTIMORE, MD. 21201 S AFTER DE THE GIVE PAGE THE FORM PAGES 1 VISION OF THE THE FORM THE FOR		THER'S NAME FRST Frank		MIDDLE	Forte		15. MOTHER'S MAIDE FIRST Concet	cta		amberino
	BALTIMOR S AFTER DE GIVE PAGE TITH FORM PAGES 1 IVISION P	16a. \ (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) Yes	W.W.	AR OR DATES)	166. SOCIAL SECURI 219-18-95		Aquileia		DDRESS Bosto	on Ave.21222
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W E3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Candifians, if gave rise to cause (a) stating lying cause last.	/AS CAUSED  IMMEDIATE  any, which immediate g the under-	BY: E CAUSE (a) Art DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF OF	cardiovascu	lar disease		BETWEEN ONSET AND DEATH
	VITAL RECORDS, 2011 SHOULD BE EXECUTED ORD "PENDING" IN PI CHIEF MEDICAL EXA E USED AS A BURIAL- T OF HEATTH AND ME URIAL, CREMATION, C	CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDIT	TION FOR WHICH OPE	RATION V	VAS PERFORMED?			20 AUTOPSY?
	DIVISION OF VITAL RE S CERTIFICATE SHOULD RRITING THE WORD "PE RDED TO THE CHIEF A 25-3 SHOULD BE USED. IE DEPARTMENT OF HEL 201 PROR TO BURIAL, O	MEDICAL CER	210. EXTERNAL CAU UNDERLYING CONTRIBUTING 210. INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF D	EATH P.M.	MONTH DAY YEA	R	OW INJURY OCCURRED  OCATION  STREET	CITY OR TOWN		PART 2) OUNTY STATE
	INER: THII ICATE, W FORWA TOR: PAG THE STAT			I taak charge	af the remains des	cribed above, held an	Autoj uicide	Inspection	Undetermined manner		4-3-87
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BATTIMORE, MARYL	22-5	EXAMINER'S (CONTINUE)	-	l. Dixon,	M.D.		ADDRESS 111 P	enn St., Ba		
	Lmrh 4m	# 4JU. D	UNIAL, CREMATION,	LMUVALI /J	U. DAIL	I/JC NAME OF CE	WEIEKT (	JK CKEMATOKT	1430. EUCATION		

07/84 25M **DHMH - 17** 

(VR A15 ME (5))

236 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)
BURIAL APRII APRIL4,1987DULANEY

VALLEY

MEM GAR BA

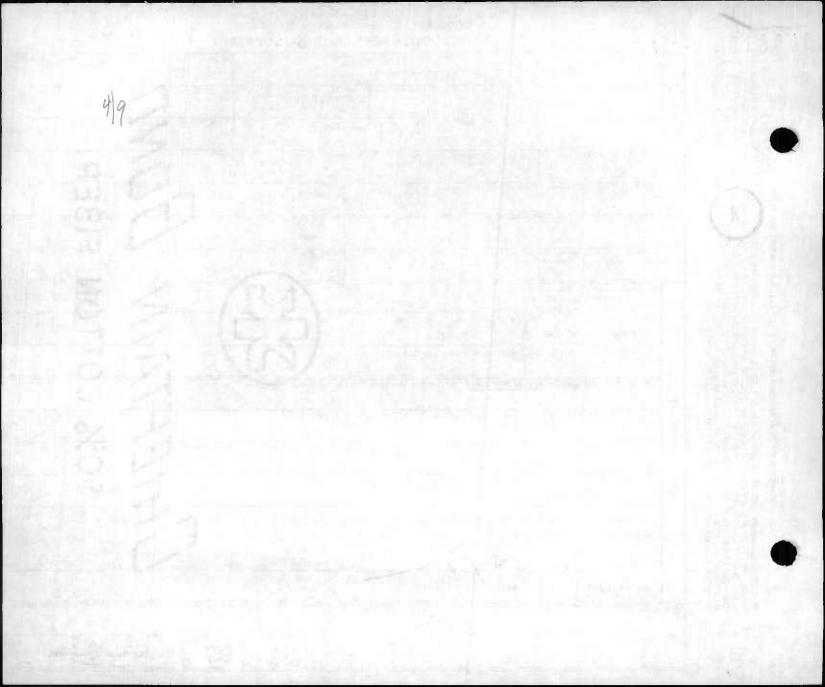
COUNTY

STATE MD

24. FUNERAL DIRECTOR

JOHNSON8521 LOCH RAVEN

250. DATE RECCU BY REGISTRAN APR - 3 1987 Julia Arms



DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF BEALTH AND MENTAL BYCIENE

051	098 APR 2	104	FOR STATE REGISTRAR	DEF		ICATE OF DEATH	0 7		
70-		1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. N	MONTH DAY YELD	21 HOUR
	nay be poge 3 r death		CHRIST(		SLER		APRIL 17.		7:16p
	pod book	3. SE	(	4. RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS
	ge 4rs ofti		MALE	W	2 -	13-1957	30	YRS.	S HOURS MIN,
	eath. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF BALT IMORE	COUNTY	W
	111/1/	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		12a USUAL OCCUPAT	ION 12b. KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
201	2 6		TOWSON	GBMC-6701		LES ST.	ENGINEE	R .   01	L JUD.
AND 21:	Se hou	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COU		RTOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21234 RD,
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BALTIMORE, MARYLAND	371			VE WAR OR DATES!	2-7415	17 INFORMANT WAS DUSAN L.	· · · ·	37 North	21234 and Od.
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N N	HYSIC ding ding burio Ment Ar Iter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19`	ZII. LOCATION			
DIVISION OF VITAL RECORDS,	NG PH After this os the b	ME	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, O	OFFICE, FARM ETC )	STREET	CITY OR TO	OWN COUNTY	STATE
۵	DIN or se os		22a.1 certify that (1) (this has	nital) attended the deceased	from JAN	19. 87	to APRTT. 1	7 19 87	_, that (I) (we) las
	TTEN pital TTOR for u of He		saw the deceased olive o above. (I) (we) (did) (did n	n APRIL 17 at) view the bady after death.	19_870	nd that in (my) (our) opinian	deoth accurred on the d	ate and hour and from t	he causes stated
	OR A borned Direction Dept.		22b. SIGNATURE	1 0		DEGREE		. /	TE SIGNED
	. E . D . E		( )Qu	Journel N	40	ATTENDING PHYSICIAN	MEDICAL STA		17/8-7
	HOSPITAL ned by the FUNERAL Jid be det the Stote			OR PRINT)		22e ADDRESS			
	etoined by to FUNERAL should be defined by with the Stote			ARD M.D.	1		N. CHARLES	ST.	
	BP	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL	1 23b. DATE 4-21-87	_	S OF FAITH	23d LOCATION CITY OF TOWN SALTO	MD. COUNTY	STATE
	DHMH - 16 60M 7/84	34/	NERAL DIRECTOR				E REC'D. BY REGISTRAR	25). REGISTRAR'S SIGN	- 6
	(VRA 15, 4)	1	.00 th Stad	- 7527 HADE	Jm 0 2	J. AF	L 7 1 1201	Julia Devider	Randale

7:5)	17, 17, 17			SIREC
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THE BUILD	Folk - 2747 MA	James aft 1818	2.5125.2	61/
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		Page 4 may be	d ector, page 3	

STATE OF MARYLAND

1	UI -	ISTATE REGISTRAR			DEFARIN		ICATE OF DEATHS	7 RG.N	9 9	8 8	
ſ		CEASED NAME FI	IRST	1	MIODLE	L.	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR Z
ı			TELLA	A		-186	FOSS	APRIL 2,	1987		1:30
I	3 SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
I	FEM	IALE		WHITE		MONTH	AY 19, 1893	93	YRS.		The state of the s
4	70 BIF	RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
I	RUŠ	SIA		US	SA		DIXX DIVORCED	BALTI	MORE CO	YTNUC	M
₹	10 CI	TY OR TOWN OF DEATH	11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
4	BA	LTIMORE			SANZO RD.		. D	HOUSEWI			HOME
	13a. S	L RESIDENCE (IF NURSING TATE 13b	COUNTY BALI	Y	131. CITY OR TOWN BALTO	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS 6634 SANZ		APT. D	#21209
Ī	I4 FA	THER'S NAME	A II	DDLE	LAST	_	15. MOTHER'S MAIDEN NAM	ME MIDDLE	13	LAST	7
		ABRAHAM		FRIE	EDMAN		BERTHA	MIDDLE			OHEN
T		AS DECEASED EVER IN I		ED FORCES?	166. SOCIAL SECU	477	17. INFORMANT	MR. ROBERT	ESC. HAI	RRISON	APT. 30
	(,	NO OL NUKNOMNI (11	F 123, 0142 F	TAR OR DATES	212-03-	156	7121 PARK HE	EIGHTS AVE.	BALTO.	, MD	21215
ľ		18 CAUSE OF DEATH	Enter only	ane cause per	line far (a), (b), and	d (c).1				BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
I		PART I. DEATH WAS		BY: CAUSE (o)	Acute n	Muca	ubial Infarction	n			
1					R AS A CONSEQUE	NCEOF					
ı		Conditions, if ony, wl	hich	(b)	Atherese	lextu	e Condicuosculo	n Obsecole			
١		gove rise to immedicause (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF					
ı		underlying cause I	last.	((0)_							
1							NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	3.
I	O	Decubulus U	sices i	with a	Mulitro,	Senes	cenco				
1	CERTIFICATION	190 DATE OF OPERATION	7	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	TIF		6.28					YES NO	YES		NO 🗍
1	G	21a. ACCIDENT WAS UNDERLY		216. TIME O	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	ET I OR PART 2)	BIND
1	MEDICAL	OR CONTRIBUTING CAUS			M.	19					
ı	EDI	21d INJURY OCCURRED		21e. PLACE	OF INJURY	ADM ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
١	2	WHITE NOT WHITE		(ALHOME, SIR	REET, PACTORY, OFFICE, P.	ARM, ETC )	JACC.				
ı	0	22a.1 certify that (1) thi	is hospito	) ottended th	e deceosed from_	11	- 1 1986	, to	2	957	that (i)(we) last
1		sow the deceased of above, (1) (we) (did)	did dot	3-7		F, or	nd that in (my) (our) apinian a	death accurred on the d	ate and hour	and from the	causes stated
1		22b. SIGNATURE	GIG TOTT	wew me bady	l.		DEGREE			22c DATE	SIGNED
I		emy	A	Ma	~6	N	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	4.2.	1987
7		22d. PHYSIC AN'S NAME	E (TYPE OR F	PRINT)		1	22e ADDRESS				
		GARY A. MAN	KO.	M.D.			11 E. Chestr	nut Hill La			
1	23a. B	URIAL, CREMATION, REA			23c N	NAME OF C	EMETERY OR CREMATORY				

DHMH - 16 60M 7/84

(VRA 15, 4)

BALTIMORE

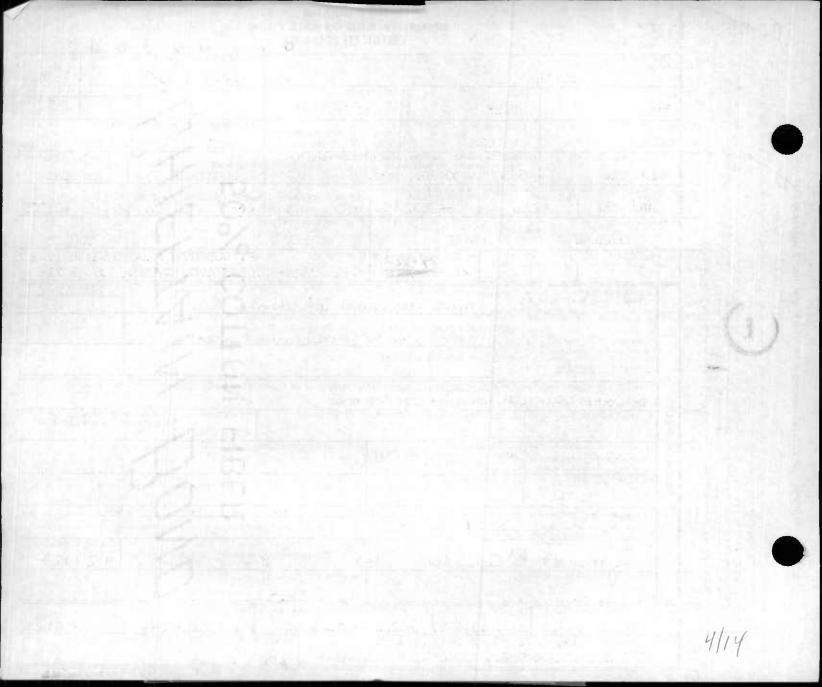
MARYLAND

BURIAL APR. 3, 1987 MOSES MONTEFIORE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215 BURIAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



### STATE OF MARYLAND

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052275 IM	-4	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE DY		ł.
	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		1
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY	YEAR 26 HOUR
÷3		OR PRINT)	1				
noy be poge 3		SALLY		FRAILEY		4 30	87 10:43ам
of ter	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS	DER I YEAR IF UNDER 24 HRS
s o c to		+	W	10-6-30	56	YRS	
2 50		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	9 BALTIMORE CITY OR	COUNTY OF DE	EATH
4 2 2	·	MASS.	DSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	VITALIO	A4.D
d d	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION		MD. KIND OF BUSINESS OR
# # 46			(IF NOT IN SUCH FACILITY, GIVE STR		TYPE OF WORK FOR MOST OF W	ORKING LIFE) IN	DUSTRY
20 uss		WSON AL RESIDENCE (IF NURSING HOME OR		HARLES ST.	FACHE	2: 15	PECIAL ED.
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ANE		MRIF	3ALTO IMONI	UM YES NO NO	19 KI	1 A DO	ON CI
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NOR NO TO	D	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 033 24	10267:10	1 0000	130 )	Daire
LTIP ion rs. P		/00		NUMBES	JI FRAIL	-E7 -	DALIO
ST., BAL rtificate g physici onpoper emoval.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., g ph on p			E CAUSE (a) RENAL	FAILURE			
ON the ce to a re to a re			DUE TO, OR AS A CONSEC	DUENCE OF			
PRESTON he deoth ce emove carb mation, arr		Conditions, if any, which		ATIC BREAST CARCING	)MA		
the o		gave rise to immediate cause (a), stating the	)				
\$ 50 × 50 × 50 × 50 × 50 × 50 × 50 × 50	1	underlying cause lost.	DUE TO, OR AS A CONSEC	JUENCE OF			
o o		DART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	ANINIAL DISEASE OF CONDIT	IONI CIVENTINI	DART 1/a-
DS, 2 quire signi hen p to bu	z	TAKE 2 OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BOTH OF RELATED TO THE TER	MINAL DISLASE OR CONDIT	1011 011 211 111	PARTITO
OR ree	CERTIFICATION	19g DATE OF OPERATION	106 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY? 2	OF IE VES WER	RE FINDINGS USED
L REC	5	THE DATE OF OFERATION	THE CONDITION FOR WITH	CITOTERATION WAS PERFORMED		N CERTIFYING	CAUSES OF DEATH?
TAL I	E		7		YES NO X	YES [	NO [
A OF VITA  SICIAN: The physicic certificate rial-transit fem T8 she fem T8 she		21a. ACCIDENT WAS UNDERLYING CAUSE OF DE		DAY YEAR THOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	TITEM 18 PART I OF	R PART 2)
SICIA ng ph certifi prial-tr	3	(IF EITHER NOTIFY MEDICAL EXAMINER		19			
HYS ndin his o	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION SIREET	CITY OR TOWN	C	OUNTY STATE
VISION OF Photos of the condition of the	2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	CIII OK IOWA		JOHN
DIN or of Afth			tol) attended the deceased fran	APRIL 19 87	APRIL 30	10	87 , that (I) (we) last
THE YOUR STREET				0.7	n death accurred on the date	and hour and	
	-		APRTI. 30 11 view the body after death.	, , , , , , , , , , , , , , , , , , , ,	- deam decorred on the dole		
OR AT DIRECT DOCHED TO DEPT. O		27b. SIGNATURE	M 0-0	DEGREE	MEDICAL STAFF	2	21 DATE SIGNED
		Kail C	Holme	PHYSICIAN	DIRECTOR PHYSICIA	NO	4/30/87
Se E P		22d. PHYSICIAN'S NAME ITYPE O	OR PRINT)	22e ADDRESS		411111111111111111111111111111111111111	
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stort		DAVIS M. H	AHN M D	GRMC-6701	N. CHARLES ST	Г.	
0 8 0 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a. F	BURIAL, CREMATION, REMOVAL		IL NAME OF CEMETERY OR CREMATORY			11.
BP	1	TO EMATICAL	5-1-001	DECTUED CREA	1 1/ BONDER	) cour	PAIN MIN.
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1211	14   APR	123	STATE REGISTRAR		ME		NER'S	CERTIFICATE	F DEAT	KLO	NO	0.1	
			CEASED NAME	FIRST		MIDDLE		LAST		OF ESTI-	MONTH	WAY YEAR	R 2b. HOUR
	EASE TORKS THT.	1. SEX	N I4 RAG	INA	5. DATE OF BIRTH	L ACE (III	YEARS IF U	NDER 1 YR. IF UNDER		DEATH MATED	MONTH MONTH	15 1987	AR 2d HQUR
	PASSES N			IFFE	O4 24	1900 186	HDAY) MON			ONOUNCED DEAD	4	16 100	215
_	AN AND AND	2 BT	RTHPLACE (STATE OR		76. CITIZEN OF WI	HAT COUNTRY?		IED NEVER MARE	RIED 3	BALTIMORE CIT	-		
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8	PAGE	Maria .	TONSVILLE		(IENOT IN SUCH FA	PITAL, NURSING HO	ME, OR OTI	IER INSTITUTION	FOR MOS	OCCUPATION ( LOF WORKING UFF) LOME WARE	P OF WORK	OR INDUST	STRY FIC
21201	ANY DE AND 3 TH RETAIN RECORD	13a, S1	L RESIDENCE (IFINN	URSING HOME OR	OTHER INSTITUTION, GI	131 CHY OR JOWN	ILE	13d. INSIDE CITY LIMITS?	TO S.	ADDRESS BEAUMO	NI AVE	. 21228	3
E. MD.	PASSA A	T FA	THER'S NAME	F.	MIDDLE	FULTÖN		15. MOTHER'S MAID	EN NAME	MIDDLE		c/kl:	IN
ALTIMOS	AFTER D INF PAGE ISION O	16a. W	AS DECEASED EVEL	(IF YES, GIVE W		265-20-9		NINA R. (	GEORGE	104 ADDS		AVENUE MD 212	228
ST., B	MI WIT WIT WATER		18 CAUSE OF DEA	TH (Enter only	ane couse per line BY:	for (o), (b), ond (c).)						APPROXIM. BETWEEN ON	ATE INTERVAL
PRESTON	TANK THE				CAUSE (a)	AS A CONSEQUENCE	E OF						
PRES	SE S		Conditions, if gave rise to		(b)								
201 W.	DANA Z		lying couse lost		DUE TO, OR	AS A CONSEQUENC	E OF						
ORDS.	E BOECH DINGS DICAL A BUR EMATIC	z	PARE 2 OTHER SIGNIFICA	NI CONDITIONS CO		BUT NOT RELATED TO THE T	ERMINAL OISEA	E OR COHOITION GIVEH IH P	ART 1 (g				Control of the
1 860	TEAS MEN	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OF	PERATION V	/AS PERFORMED?				20 AUTOPS	SY?
VITA	G-80-87-8-	E										YES 🗆	NON [
DIVISION OF VITAL RECORDS	HCATE WOOD THE WOOD T		210 EXTERNAL CAL UNDERLYING CONTRIBUTING		716. TIME OF HOUR A.M EATH P.M	MONTH DAY YE		OW INJURY OCCURR	ED (ENTER NATI	URE OF INJURY IN ITEM	A 18 PART I OR PAI	RT 2)	
DIVISA	WRITING WARDED AGE 3.54 ATE DEP	MEDICAL	WHILE NOT AT WORK			OF INJURY (AT HOME TORY, FARM, ETC.)		CATION STREET	c	ITY OR TOWN	COL	UNTY	STATE
	MANER: HECATE, BE FORV ECTOR: F HTHE S YLAND,	1	220. I certify that		of the remains des	Accident	Suicide	Inspection		Inquiry ,	ond in my op	onion	
•	CAL EXAM SHOULD B BRAL DIREC SATH, WITH PRE, MARY		ACTUAL	Stock	2 Solve	400		TITLE (SPECIFY)	Onderen	med manner _	DATE	ulm	1-
	DE - ZOS L	1	SIGNATURE	GION	3 U KARI	7,1)	n. A	I.D. Refuly	MEDICA	L EXAMINER	SIGNE	D_7/P/	7
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	12. 01	(TYPE OR PRINT)  URIAL, CREMATION,	STEN	DATE	e sember	11/1/	ADDRESS DR CREMATORY	E. C	000)24	2002		
07/84	BP	(S	CTEMATION,		16 APRIL			ORTAL PK.	23d. LOCA CITY OR 1	ONS VILLE	RATIT		STATE
25M	DHMH - 17	24 FL	JNERAL DIRECTOR		ADDRESS	DOV 260		Contract of the	REC'D. BY RE	GISTRAR 756, RE	EGISTRAR'S S	100	0
	(VR A15 ME (5))		SLACK FI	MERAT.	HOVE	ELLTCOTT	CTTY	· MD 21.043	APR 2	1 1301	Guira d	Different Perior	Karran

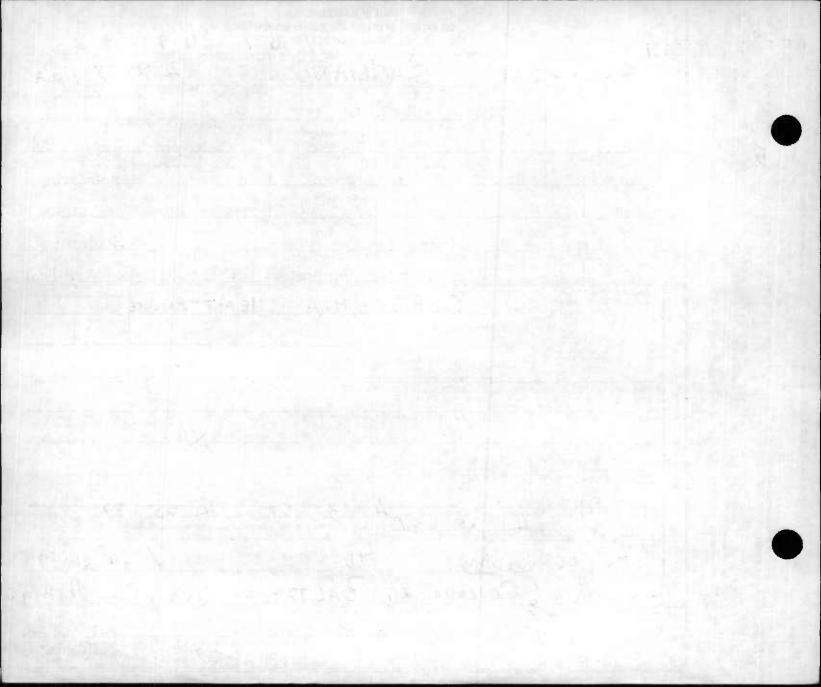
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Fage 4 may be retained by the hospital as attending physician.

BP\_ DHMH - 16 60M (VRA 15, 4

7 1	E C D	#13e,14,15, and 17	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	PIFMF	
20 400	1 - STATE 5/5/87, Sj	DEFARI	CERTIFICATE OF DEATH	7 REG QO. 9 9	92
60 Min	1 DECEASED NAME FIRST	Salvatore	Cagliano	20. DATE OF DEATH MONTH DAY	Zu HOOK
ge 3 death	(TYPE OR PRINT) SALVA	TORE (	MAGLIANO	4 25	87 1.50Am
or, po	3 SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
urs o	Male 70 BIRTHPLACE (STATE OR FOREIGN	White  75 CITIZEN OF WHAT COUNTRY?	Nov. 9 1902	9 BALTIMORE CITY OR COUNTY O	EDEATH
72 h	COUNTRY)	USA	MARRIED W NEVER MARRIED		
within within	IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	Baltimore Co	126 KIND OF BUSINESS OR
1	Randallstown	Balto. County	General Hosp.	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Engineering
d be		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13e.STREET ADDRESS / ZIP. CODE 2	
行の	Maryland Ba	Itimore Timoniu	IS MOTHER'S MAIDEN NA	2113 Woodford R	
製製	FIRST	MIDDLE LAST Ga	gliano	WIDDLE	Schifullo
d com	Salvatore 160 WAS DECEASED EVER IN U.S. A			ADDRESS	
Poge.	(YES NO OR UNKNOWN) (IF YES, G	- 121-01-	-0648A Quintina C	G. Galgiano, 2113	Woodford Rd.,
ysicia apers vol. t, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for io . (b), ar		21204	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dong by bond by bond by bond by		ATE CAUSE (o)	PITCEMIA;	HEART FAILURE	у - 4
6000	Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF		4.
111	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
200	underlying couse last.	(c)			
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 10
nut T riar 1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED
hos I	TIFIC			YES NOW YES	NG CAUSES OF DEATH?  ☐, NO ☐
ficate transi Hyg	OD CONVENIENCE TO CHIEF OF C		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
urial- Aento Item	IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED		19 211 LOCATION		•
the band A	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
se os eolth mark		oital) attended the deceased from	4. 3.19 8	7, to 4. 25 19	87, that (I) (we) last
of H	sow the deceased alive o		7, and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stated
DiRE Dept Dept	THE PIGNATURE	000	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
ERAL State	TTP PHYSICIAN'S NAME CLYPE	OR PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	14.23.01
should be with the IMPORTA	LAYADUA	G GOVINDA	RA BALTIM	ORF GUNTY	SINC HOSPITAL
₽ 5 3 ≥ 7	230 BURIAL, CREMATION, REMOVA	104.00	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	4/28/87 D	ulaney Valley Mem.		
- 16 60M 7/84	NAME	ADDRESS	donia Pd	TE REC'D. BY REGISTRAR 25). REGISTRA	ordern. Kindule
/RA 15, 4)	J. E. Lowell Le	mmon, 10 W. Pac	ionia Ku.	1120 100.	



1289	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLE	MENTAL HYG	IENE	REG. NG	. 9	Q	9	.3
m F (1	TYPE	EASED NAME F	IRS1		FRANCIS		SALKAS		20 DATE OF D		MONTH 7	87	YEAR	4:15P
3.	SEX		4. R	ACE		5. DATE C	F BIRTH		6. AGE (IN YEA	RS LAST BIRT	HDAY)	IF UNDER	1 YEAR	IF UNDER 24 HRS.
director hours of		Male		Whit	e	MOMTH O	ct. 15,	1911	75	- 1	YRS.	MONIHS		HOURS MIN.
1 2 2 2 5 5 5 E	. 50	THPLACE (STATE OR FORE	EIGN 7b (	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER A	MARRIED .	9. BALTIMOR BAL		RE CO			MD
by the		Y OR TOWN OF DEATH	G	RMC-6/	HOSPITAL, NURSING H FACILITY, GIVE STREET A		ST.	TITUTION	120 USUAL OF STYPE OF WORK F Engnr	OR MOST OF		IFE) INDL	STRY	BUSINESS OR
	3a. S1		Balto.	R INSTITUTION,	13c. CITY OR TOWN Cockeys	V	13d. INSIDE C	NO X	13e.STREET AL 10418	Gree	zır cop ensid	e Dr	., C	21030 ockeys
	FA1	HER'S NAME FIRST Joseph	MIDD		Galkausk	as		s MAIDEN NAM FIRST gdalena		MIDDLE	Jui	rgela	ites	ville
S. Poges 1		AS DECEASED EVER IN (5. NO OR UNKNOWN)	U.S. ARMED	FORCES? R OR DATES)	215-09-0		Mrs.	Anna (	Galkas,	1041			21030 side	
ned by the ottending p please remove corban urial, cremotion, or rem ', ar other troumotic eve		Conditions, if any, w gove rise to immed cause (a), stating	hich diote the lost.	(b) DUE TO, OI	r as a consequei	NCE OF		JS I FUKE			DITION CI	VEN IN D	API la	
ows ony injury	CERTIFICATION	9a DATE OF OPERATIO			ITION FOR WHICH (				20s AUTOF		20b. IF YE	S, WERE	FINDING	SS USED F DEATH?
	3	210. ACCIDENT WAS UNDERLOOP CONTRIBUTING CAU  (IF EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRED	SE OF DEATH . EXAMINER)	P.	M. MONTH DA M.	19	211 LOCATION STREET		RED (ENTER NATU	CITY OR TOV		PART 1 OR P		STATE
iched for use as ti Dept. of Health o	220.1 certify that (1) (the sow the deceased			on 4-17 not) view the body ofter death.			DEGREE	, 19_8/	N. C.	on the do			DATE S	GNED
with the State (		228 PHYSICIAN'S NAME G. PRICE			1 M		22e ADDRES	PHYSICIAN C -6701 N	MEDICAL DIRECTOR [	] PHYSIC	IAN []		4-	1./

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

23a. BURIAL, CREMATION, REMOVAL

13c. NAME OF CEMETERY OF CREMATORY Holy Redeemer Cem. 23b. DATE 4-22-87 Burial Maryland **Baltimore** 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RECYSTRAR'S SIGNATURE 10 W PAdowia Rd

236 LOCATION

COUNTY

Control to the same of the sam

DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B 7 REG. DD. 9 9 9 4
WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
Μ.	Galvin	April 9 1987
ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
White	May 16 1904	82 YRS. MONTHS DATS HOURS MIN.
CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
USA	WIDOWED DIVORCED	Baltimore County MD
NAME OF HOSPITAL, NURS IN-		170 USUAL OCCUPATION 12% KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  ESSEX  LAST  VOllmer  PORCES? 16b SOCIAL SECUI  R OR DATES) 980-09-8	13d. INSIDE CITY LIMITS? YES NO LA  15. MOTHER'S MAIDEN NA Elizabeth RITY NO. 17 INFORMANT  3799 Mildred Lu	Killian Killian ADDRESS Cian 19N.HawthorneRd 21220
DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (b)	yocardia /	Approximate interval BELYGEN ONSET AND DEGH STAME!
(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nemley	NALDISEASE OF CONDITION GIVEN APART Tro

gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT

190 DATE OF THATION

Conditions, if ony, which

FOR 1 - STATE REGISTRAR L DECEASED NAME

3 SEX

FIRST

4. RACE

76 CITIZEN

11. NAME

Elizabeth

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT

160 WAS DECEASED EVER IN U.S. ARMED FORCE

18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:

13b. COUNTY

Balto MIDDLE

LIF YES, GIVE WAR OR DATE

IMMEDIATE CAUSE (D)

DND/TION

Female

To BIRTHPLACE (STATE OF FOREIGN

New York

ID CITY OR TOWN OF DEATH

Essex

Md 14 FATHER'S NAME

Jacob

no

CERTIFICATION

prior

8

morked

IMPORTANT:

far use as the burial-transit per of Health and Mental Hygiene

nould be detached the State Dept.

DIRECTOR

FUNERAL

(YES, NO OR UNKNOWN)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f. LOCATION

NOT WHILE 22a.l certify that (I) (this haspital) btt inded the deceased from STREET

COUNTY

sow the deceased alive on (1) (me) (did) (did non view the body after death.

ATTENDING 22e. ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

and from the causes stated

STATE

Semenoff

2108 Orems Road

(SPECIFY)	CREMATION, REMOVAL	230
	Burial	

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Wester New

24 FUNERAL DIRECTOR

300MaceAve.21221 Connelly FuneralHome

21e. PLACE OF INJURY

DHMH - 16 60M 7/84 (VRA 15, 4)

4/20 114

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

052810

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	O	13	9	See 30
REG. NO	7	1	7	~

	1 -	REGISTRAR		CERTI	FICATE OF DEATH &	REG. N	10.	3
17	1. DEC	PEASED NAME Samai		GAMBLE	LAST	20 DATE OF DEATH	26 HOUR /11 1- 145 ragm	
	1. SEX	? Femarele	4. RACE Whit	e My	of Birth arch_21,1987	6 AGE (IN YEARS LAST BIR	YRS VA	1 31
9	C	RTHPLACE (STATE OR FOREIG OUNTRY) U.S.	U.S.	WIDOW	The state of the s	Baltimo	ore County	MD
7		Baltimore	Frank		or other institution ospital Centel	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE		O OF BUSINESS OR RY
3	13a. S	aryland		GIVE RESIDENCE BEFORE ADMISSIONS 130 CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?		zip code an Way 2120	5
a	T4 FA	Kenneth D	oyle Gamb	ole LAST	Jennifer Su	e Schaeff	erman	LAST
2		(AS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? YES GIVE WAR OR DATES)	None None	Mother-Jenn	Rodman Way ifer Sue Sc	naerterman	
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	Severe from	aturity, De	tal Bradyo	ardia' BETWE	Oximate interval en onset and death
		Conditions, if ony, whing gave rise to immedia cause to), stating the underlying cause lo	ch (b)	AS A CONSEQUENCE OF	Habetuil	Abordson'		
	NOI	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART	110
/	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
9	12	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.A.	n. Month Day year n. 19		RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	2)
	MEDICA	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE C	EET, FACTORY, OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		220.1 certify that (1) (this saw the deceased oli above, (1) (we) (did) to 226. SIGNATURE	KIZ Long h	21. 19887 /	ond that in (my) (our) opinion  DEGREE	death occurred on the d		the couses stated
,		22d PHYSICIAN'S NAME		mar (S.M.	Lumanno Hysician	MEDICAL STA	AFF J 2	21/87
/	23e B	SURI	ENDRA N	10HAN KUM	CEMETERY OF CREMATORY	HINGTON,	MD 26744	
	Ď	SPECIFY) SPECIFY SPECIF		arch 1987 Fr	anklin Square	HOSPITAT	9000 Frankl	d 21237
14		HAME		ADDRESS	3	MAY 07 1987	Julia Deside	W. Com

DHMH - 16 60M 7/84 (VRA 15, 4)

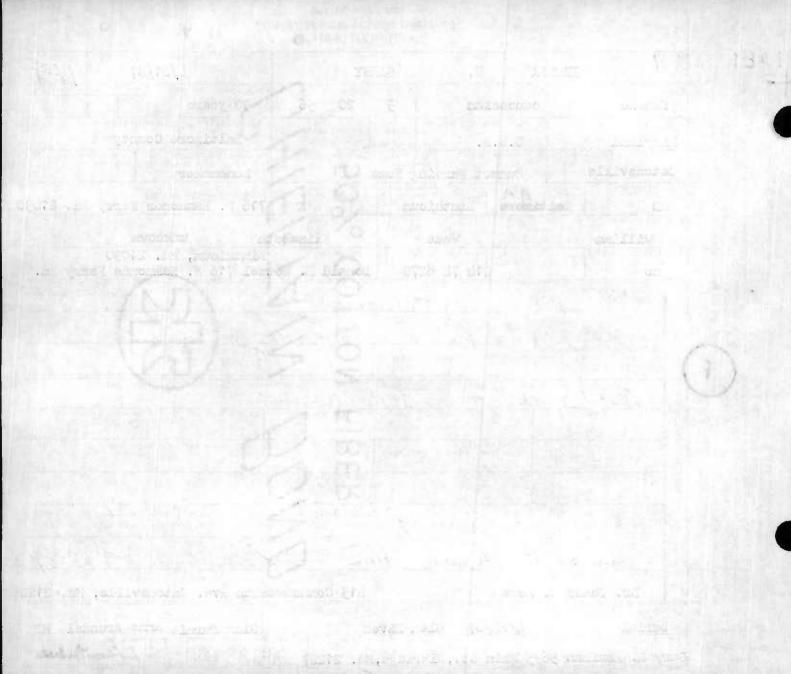
10 FUNERAL DIRECTOR, A should be detuched for use with the State Dept, of Hea

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 9 9 6

- STATE REGISTRAR				CERTIF	ICATE OF DEAT	REG. N	0.		
PECPASED NAME	FIRST		N.	GA	REY	26. DATE OF DEATH	4/21/	87	26 HOUR
female		RACE caucasi	an	5 DATE O		6 AGE (IN YEARS LAST BIR		# UNDER I YEAR	IF UNDER 23 HR
d. BIRTHPLACE (STATE O COUNTRY)  Maryland	r foreign 71	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C Baltimo			,
Catonsvill	9	Summe	t Nursin	g Hom	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF homemake	OF WORKING I	12b. KIND C INDUSTRY	OF BUSINESS C
USUAL RESIDENCE (IF NU 130 STATE MD	13b. COUNT	Y A.A.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Linthic	ADMISSION) N	YES NO NO	716 N. Han	/ ZIP COD	Ferry	Rd. 21
FATHER'S NAME FIRST William		DDLE	Wade		15. MOTHER'S MAIDEN NAME Elizabe	th MIDDIE	unkno		șī
(YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU 214 74 82		Donald E. We	Linthictm; tzel 716 N.		onds Fe	erry Rd
Conditions, if or	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO, OR AS A SONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b)  A PRINTING  DUE TO, OR AS A SONSEQUENCE OF  Conditions, if ony, which gove rise to immediate								
PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CO			der	NOT RELATED TO THE TERM  NENTO	INAL DISEASE OR CON  200 AUTOPSY?  YES NOT	20b. IF YE	S, WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING	218. ACCIDENT WAS UNDERLYING ALL STATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY, MEDICAL EXAMINER)				21c. HOW INJURY OCCURE				
WHILE TO NOT	21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY ST							STATE	
		200	theles		nd that in (my) (our) opinion of	eoth occurred on the d	ote and ha	ur and from the	
	nes.	E	Rme	n		MEDICAL STA		220. DATE	22-8°
	mes E.	Rowe			413 Commonwe		Caton	sville,	Md. 2
230 BURIAL, CREMATION (SPECIFY) burial 24 FUNERAL DIRECTOR	N, REMOVAL	236 DATE 4/24/	10	n Hav		23d. LOCATION CITY OR TOWN  Glen Burn E REC'D. BY REGISTRAR			
Gary L. Kan	man 56	95 Main	S+ FIL	ri d ro		PR 2.3 1987		Diridion	

DHMH - 16 60M 7/8 (VRA 15, 4)



nding physicion and completely filled in by the funeral director, page 3 carbanapaers. Pages 1 and 2 shauld be filed within 72 hours after death

within 24 haurs After death. Page 4 may be

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

## STATE OF MARYLAND

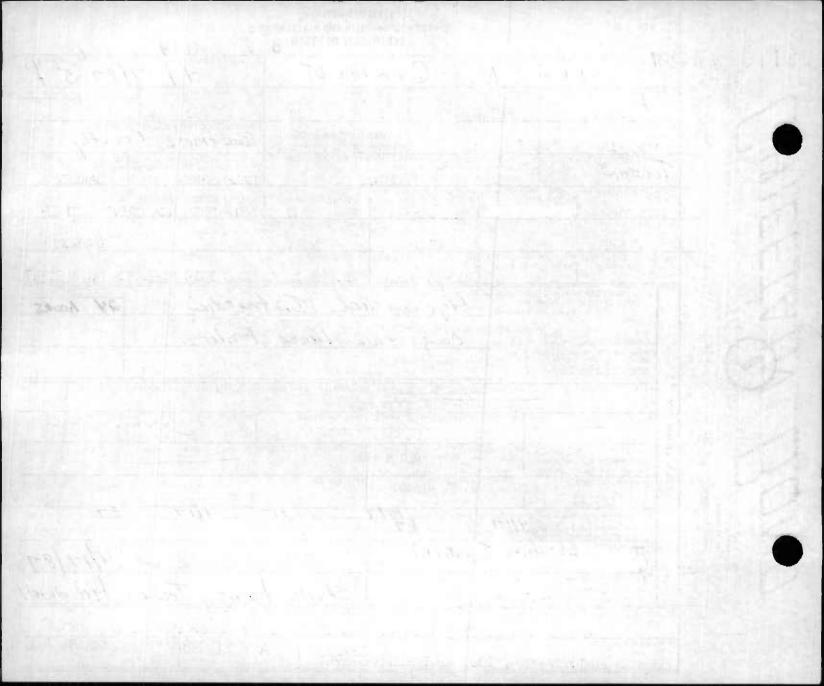
EPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		DEFARIM		ICATE OF DEATH	7 REGING	9 9 9	7
2		EASED NAME FIRST	1531 -	MIDDLE	l	AST		MONTH DAY YEAR	26. HOUR 4/5
	1	ANNA			GERH	IARDT	4	17/87	5 PM
	3. SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DA	
		FEMALE	WHIT	E	1	1 94	93	YRS.	
	7a BIR	RTHPLACE (STATE OR FOREIGN	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	- / -	R COUNTY OF DEATH	4
		RUMANIA	U.S.		WIDOWE	DIVORCED	Baltmor	45-	MD.
	01	CUSON OF DEATH		HOSPITAL, NURSING THEACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPATION		O OF BUSINESS OR
	P	AL RESIDENCE (IF NURSING HOME OR O		A MARIS H		E	SALESLADY	. B.	AKERY
	13a. S			13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
4		ARYLAND Howa	rd	Elkridge	2	YES NO X	5818 BELLA	NCA DRIVE	21227
A	TA	FIRST	NODLE	LAST		FIRST	WIDDLE		LAST
-	16n W	JOSEPH VAS DECEASED EVER IN U.S. ARA	AED FORCES?	NOLL 16b SOCIAL SECUI	ON YTIS	ANNA 17 INFORMANT	ADDRE		NKNOWN
1		ES. NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES						21227
		NO		215-07-1		VICTOR C. FI	EEGIE 2010		R. 21227
	- 43	PART I. DEATH WAS CAUSED	BY:	Hean C	MA O	has Two	Fre ctinis	24	hours
		IMMEDIAII	E CAUSE (v)	10-				7,7	7,000
1		Conditions, if ony, which ( 16) Congrestive Heart Farlers							
	-0.0	gave rise to immediate cause (a), stating the	DUETO	0					
Ž		underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1(0
	CERTIFICATION								
1	ICA	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
	RTIF		21b. TIME O	E BUILDY		Tal. HOW BUILDING COURT	YES NO	YES 🗌	NO 🗌
,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	4.400.41004	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE OF INJUR	RY IN ITEM TB PART 1 OR PART	2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P. 21e PLACE	M.	19	211 LOCATION			
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE FA	IRM, ETC )	STREET	CITY OR TO	WN COUNTY	
							The state of the s	a de la constantina della cons	STATE
	8	270 1 certify that (I) (this hasnut	al) attended th	e deceased from	10/-	7 10 85	4/17	10 07	
		220.1 certify that (1) (this haspit- saw the deceased alive an	4/17	19.8	10/-	nd that in (my) (aur) apinion	death accurred on the do	, 19 7	_, that (1) (we) last
H		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	view the body	ofter death.		nd that in (my) (our) apinion of DEGREE	to 4/1-7		_, that (1) (we) last
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	view the body	19.8		DEGREE ATTENDING	MEDICAL STAF	22c. D/	_, that (I) (we) last the causes stated
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	hin I	ofter death.		DEGREE		22c. D/	_, that (I) (we) last the causes stated
		22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 22b.5 IGNATURE	hin I	ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. D/	_, that (I) (we) last the causes stated
		220.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 221.5 IGNATURE Ebrai	hin I	ofter death. 19 & pak chi		ATTENDING PHYSICIAN [	MEDICAL STAF	Towson, A	_, that (I) (we) last the causes stated
	1:	220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 22b) IGNATURE Ebrai	view the body	pak chi	AME OF C	ATTENDING PHYSICIAN [	MEDICAL STAF	FIAND 1226. DY FOWSON, A	_, that (I) (we) last the causes stated
	24 FU	220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 220.5 IGNATURE Ebrail 1997)  WRIAL, CREMATION, REMOVAL SPECERY)	1 view the body S. M. I 23b. DATE 4/21/	pak chi  23c. N  87 CE	ame of c	ATTENDING PHYSICIAN [  22e. ADDRESS  SHELLE  EMETERY OF CREMATORY  HILL CEMETERY  21229  25a. DAT	MEDICAL STAFE DIRECTOR PHYSIC	FIAND 1226. DY FOWSON, A	the causes stated of the causes stated of the SIGNED of th

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the monunding physicia should be detached for use as the buriot-transit permit. Then professional permits carbon papers with the State Dept. of Health and Menald Highen prior to buriot, cremation, or remaval. IMPORTANT: If them 21 is marked or team 18 shows any injury, or other traumatic event, the



injury, or ather traumatic event, the h

tem 18 shows ony in

IMPORTANT: If Item 21 is marked or

050

## STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	2 7 "			
1. DECEASED NAME	FIRST		MIDDLE		AST	REG. N 20. DATE OF DEATH	MONTH DAY	Y YEAR	75 HOUR
(TYPE OR PRINT)	Judy		GERST			April 18,			10:30p.
1 SEX		4. RACE	ULI\31	S. DATE C	AC DIDTU	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	8 17			MONTH	DAY YEAR		MOI	NIHS DAYS	HOURS MIN.
Female		Cauca	Sian WHAT COUNTRY?	2	17-1940	47 yrs.		E DE ATH	1
COUNTRY)	R FOREIGN				DENEVER MARRIED	Baltimore (		PUEATH .	4
Va.	ATU		ISA	WIDOWE	D DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPAT		11 KIND OI	MD.
Baltimor	e	F Y	anklin	Squa:	re Hospital	Type of work for most of Distribu	OF WORKING LIFE)	INDUSTRY Md. N	
USUAL RESIDENCE (# NU 130. STATE Md.	136 COUN	other institution TY imore	136 CITY OR TOW White	N	TYES NO 🛛	13e STREET ADDRESS 11123 Bi	/ ZIP CODE rd Riv	211 ver Gr	
FATHER'S NAME FIRST Charles	War	AIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Mildred	MIDDLE		LAST	
160 WAS DECEASED EVE			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	-	
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-26-	1659	Bernard G	erst sam	e addr	ess a	s abov
18 CAUSE OF DEA PART I. DEATH		E CAUSE (o)		-1 C3 P1	ratory Arrest			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
Conditions, if .an	v. which	DUE TO, C	Septice	ence of emia					
gove rise to in couse (a), stat	gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF Diabetes mellitus, renal failure								
	ENIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	I IN PART 110	
NO 190. DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
OR COLUMN TO LANGE	CAUSE OF DEA	111	OF INJURY m. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				NO []
IF EITHER NOTIFY ME  21d. INJURY OCCU  WHILE NOT N AT WORK AT WORK	RRED	21e PLACE (AT HOME, ST	OF INJURY REET FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
22a.1 certify that ( sow the dece	X(this hospit	April	deceosed from_ 19_ ofter death.		nd that in (my) (our) apinion	, toApril death occurred on the o	18, 19 late and haur o		that X (we) last couses stated
276 SIGNATURE	200	Yurus	0	MA	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR HYSI	CIAN	22c. DATE:S	1818)
22d PHYSICIAN'S P	IN A	D. A //	7611.		22e ADDRESS 9000 F	ranklin Squ	uare Dr	. 2	1237
23e. BURIAL, CREMATION	I, REMOVAL	123b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Burial	,	4-22-			Hill Cemet	CITY OR TOWN	timore	VIAUO	STATE
24 FUNERAL DIRECTOR						E REC'D. BY REGISTRAF			JRE
Schimune					21236 APR		Lin Nevic		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

the attending physician

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DET ARTMENT	VI	HEALI	II MIIU	WELLIAF
CE	RT	IFICA	TE OF	DEATH

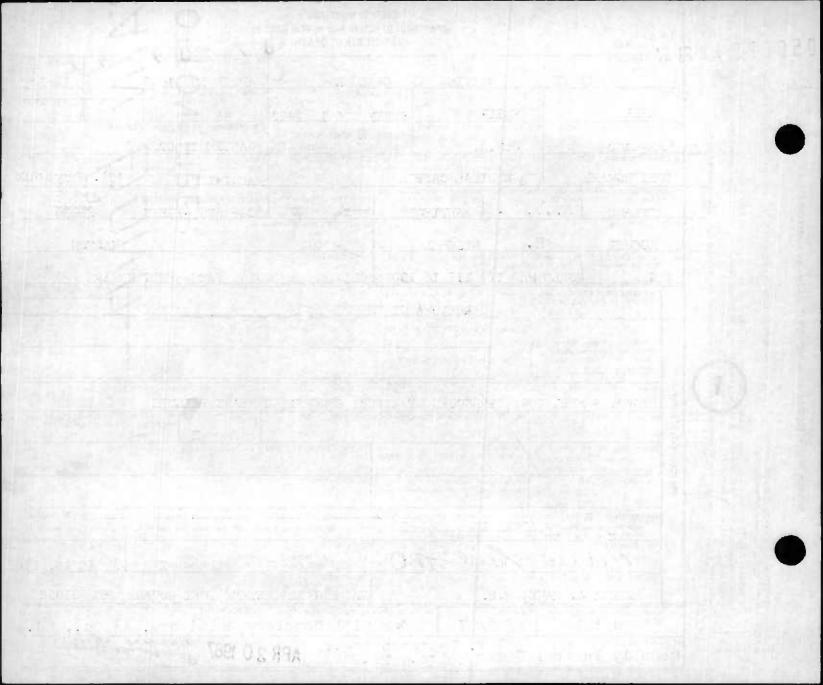
1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	IENE			
1 0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	P. O.	13 19	
	CEASED NAME	FIRST	A	AIDDLE	t.	AST	26. DATE OF DEATH	монтн	DAY YEN	25 HOUR D
	GEC	DRGE	WH	HITING	GI	SCHEL	APRIL 18,	1987		12:10M
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	MALE		WHITE	E		EMBER 1. 1922	64	YRS.		
	RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	RCOUNT	Y OF DEATH	
	ARYLAND		U.S.A	A.	WIDOWE		BALTIMORE	COUN	TY	MD.
in CI	ITY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS OR
	ORT HOWARD		VA MEDI	CAL CENT	ER		MACHINIST		Md.	Drydock
USU/ 13a. S	AL RESIDENCE (IF NURSH	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	21	225
M	ARYLAND		Co.	BALTIMO		TEST NO XX	5238 6TH S			1230
A. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		LAS	
1	AUGUST		H.	GISCHEL	- 15	MAE	MIDDLE		HARM	
	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
No. of Lot	ES		WAR II	215 16	1302	CLINICAL RECO	ORDS - VAMC.	FORT	HOWARD	MD
	18 CAUSE OF DEATH	1 (Enter an	ly one cause per			0221120122	7.00			MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMA OF THE PANCREAS									
		IMMEDIA								
	Conditions, if any,	which	( 1b)	r as a conseque	INCE OF					
	gave rise to imm cause (a), stating	ediate		DAG A CONSTOUR	NCE OF					
	cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Z O	DIABETES N	ŒLLI'	TUS; CIE	RRHOSIS O	FLIV	ER; CONGESTIV	E HEART FAI	LURE		
CATI	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FILE				
TIFK						YES NO YES NO NO				
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND	_	216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
¥	OR CONTRIBUTING C		THE STATE OF THE S		19					
EDIX	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
٤	WHILE NOT WHE	ILE	TALHOME SIN	REET, FACTORY, OFFICE, F	ARM, ETC.	SINCE	ÇIII OK IO			3,410
	22a. I certify that	(this haspi	tal) attended the	e deceased from_	MARC	H 31 19_87	APRIL	18	19.87	that X (we) last
	sow the decease	d alive on	APRIL 1	19_	87_, ar	nd that in (n∰) (our) opinion (	death accurred on the de	te and ho	ur and from the	causes stated
19	above, th (we) (d	id) (disciso	" I view me body	arrer dearn.		DEGREE			22c. DATE	
	1/10	cla	da	nen	20	ATTENDING PHYSICIAN	MEDICAL STAT		APRT	L 18, 198
	22d PHYSICIAN'S NA	ME (TYPE C	R PRINT)			22e ADDRESS	J Dimeeron C Tillisie		I MI IN	1 10, 170
	MARCIA A	A. KA	NE. M.D.			VA MEDICAL C	ENTER, FORT	HOWA	RD, MD	21052
23a. I	BURIAL, CREMATION, I				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Buria	_	4/22	100	edar	Hill Cemete	ery Baltin	nore.	AA CC	o., Md.
24 F	UNERAL DIRECTOR		237 -	E. Pataj	nsco	Ave. 25a DAI	U	,	2 4 4 4	
Mo	cully Fu	nera	1 Home		. , Mc	1.21225 APR	20 1987	dia Na	Marsh. Kor	

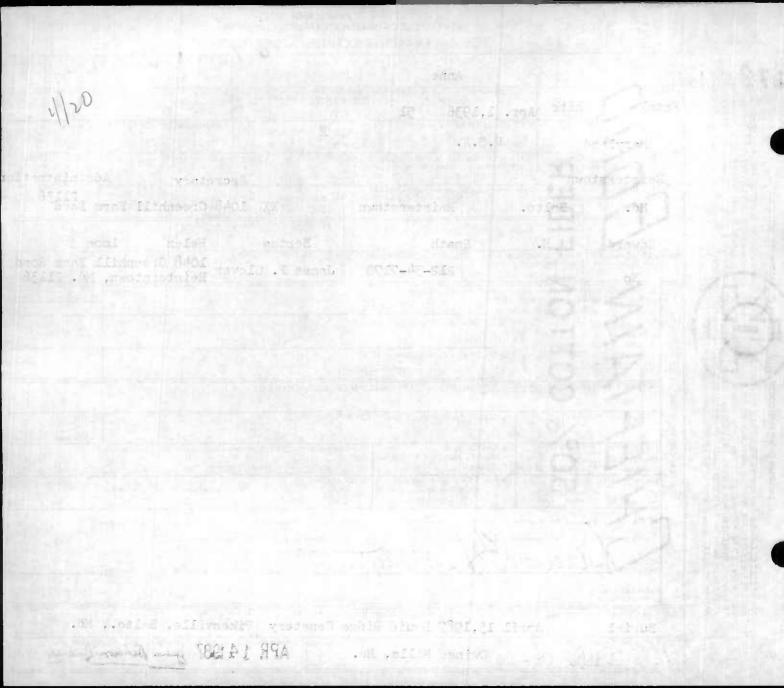
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burdal-frontif person in the State Dept. of Health and Mantal Hygiene p.

MPORTANT, If them 21 is morked or





STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 0	a	n	
REG. NO	0	0	

	1	FOR STATE	DEPARTA	AENT OF H	EALTH AND MENTAL HYG	IENE	0 13	25 1	
	47	REGISTRAR		CERTIF	ICATE OF DEATH 8	RPG N	D U	U	
10	I. DEC	CEASED NAME FIRST	WIDDLE	· · ·	AST	20. DATE OF DEATH	MONTH DAY	YEAR } 2b. I	HOUR D
) I	Time	(OR PRINT)	1 7	H 2-	SOOUR	APRIL :	22 10	187	M.
	3. SEX	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI			NDER 24 HRS
	Fo	: Male	1.111: Te	MONTH		27		THS DAYS HOL	JRS MIN.
-	7a. BIF	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	. 8		9. BALTIMORE CITY	YRS. OR COUNTY OF	FDEATH	
5		SST VA.	1150		D U NEVER MARRIED U	BALTER	2225	701107	-14
-	<u> </u>	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE IG HOME C		12a. USUAL OCCUPAT	ION	12b. KIND OF BU	SINESS OR
	-		I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]	2. 0 . 0	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION	A KOAU	186.11		PT.100	2
5	13a S	TATE 13b. COUN	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIF CODE	00 8	0
4	11 50	AKYLAND BAL	1, MORE TOWSO	1	YES NO NO NA	1204 ZAS	1706	PA KOA	2 71391
9	TA		MIDDLE LAST		FIRST	WIDDLE		LAST	
Ç		WILLIS	H. PAUD	20	CARRIS	1000		NOLU	m
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)		17. INFORMANT	ADDR	ESS		Land Pag
	U	5	215051	048	1- AMILY	KELOROS	5		
			nly one cause per line for (a), (b), on	dit O.	. Jui 1/0. 7	0:		APPROXIMATE	AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) HYACKU	new	mad Dam	Anorma		year	1.
			1						
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE						
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					15,75
Н		underlying cause lost	(c)						
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART Ica	
	NO N								
1	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	INDITION FOR WHICH OPERATION WAS PERFORMED				VERE FINDINGS (	
7	Ĕ					YES NO	YES [		0 🗆
)	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AM MEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM TO PART	I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION				
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
			ital) ottended the diceosed from		10 8 6	2 10	12	S) that	(we) last
		sow the receased alive on	march 10 8		nd that in my (our) opinion	death occurred an the d	late and hour ar		
Я		abavi (1) (we) (did) (did no 22b. SIGN HOLL	) view the bady after death.		DEGREE			122, DATE SIGN	JED to
		Vall	ton		ATTENDING	MEDICAL STA	FF	ally 2	3, 17
1	1	22d. PHYSICIAN'S NAME (TYPE C	OR DRINKS		PHYSICIAN 222e ADDRESS	DIRECTOR   PHYSI	CIAN	1-/-	
1		0			10	. P	0		
		NOBERT E.S	TOUSE		1190 21215	RITIERRE	URIV		
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY CO	STATE
	1	DOITAMES	G	RSSA	Tough	BALTIN	JORS	LAI	COBIES
	24 FL	UNERAL DIRECTOR	ADDRESS		25a. DAT	E REC'D. BY REGISTRAN	Julia D	RSSIGNATURE	dass.
	2	Ans CHAPEL	OF CHIMES 23	254	ORKKO	1/ 40 1901	Sura to		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for une with the State Dept. of these MPORTANT: If Irem 21 am

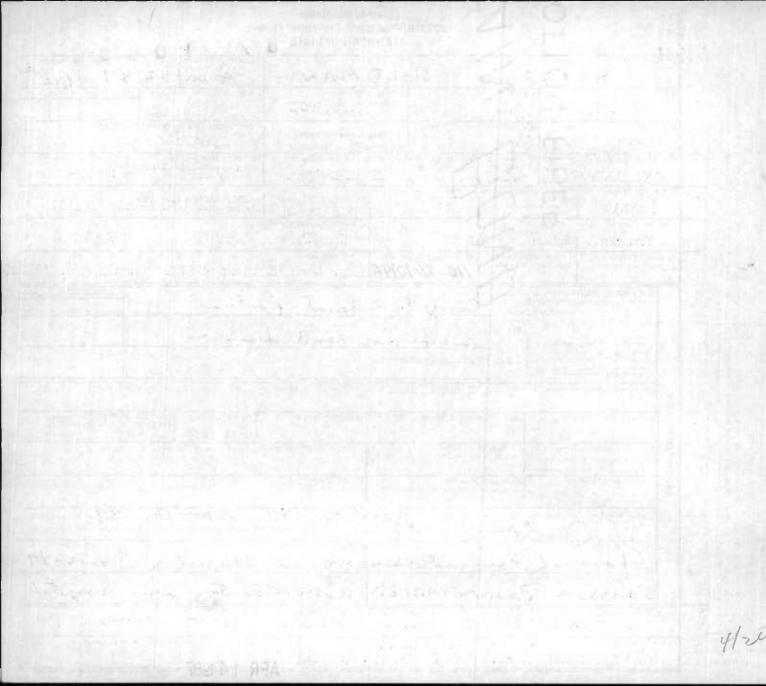
U. L. Boundaries Signatural automateur de la company de la co Sales and the service of the service THE RESIDENCE OF THE RE See to tentificat described by the control of the Tributal Andrews Brown but the form Charles and the second

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	4				
0		LEASED NAME FIRST		WIDDLE	l	AST	REG N 2a. DATE OF DEATH	MONTH DAY	Q <sub>AR</sub>	46 HOUR	
		ORPRINT) KLAR		6-		MAN	Apri	112,8	7	1:10 M	
	3 SEX	FEMALE	4 RACE WHITE		S. DATE C	PT. 2 <sup>2</sup> 2, 19 <b>67</b>	6. AGE (IN YEARS LAST BIF	YRS.	NDER I YEAR	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C BALTIMOR			MD.	
3		TY OR TOWN OF DEATH RANDALLSTOWN				NERAL HOSP.	120 USUAL OCCUPAT 11995 O WASTER TO THE	ION OF WORKING LIFE)	126 KIND OF	AKER	
	13a. S	AL RESIDENCE (IF NURSING NOME OF TATE 131 COUNTY MARYLAND	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR		134 INSIDE CITY LIMITS? YES A NO	5727 JONOU	TIP AVE.	( 212	215)	
0	IA FA	THER'S NAME YEHOSHUA BORUC	MIDDLE WA	AIMAN LAST		CHANNAH	LEAH		NKNOWN	J	
2		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN). NO	MED FORCES? /E WAR OR DATES)	110-28-	1	Mrs. Leah Mi	ADDR likowsky 57		uil A	re. (212	1
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF	· heart of	ilm.		BETWEEN O	MATÉ INTERVAL NSET AND DEATH	
	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT									
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES (		
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART T	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)wN	COUNTY	STATE	
		27a I certify that (I) (this hasp sow the decassed alive on above, (I) (we) (did) (did no 27b. SIGNATURE	A The body	e deceased from 12 19 5		id that in (my) (aur) opinion o	, to A purdenth occurred on the d	ote and hour an	d from the c		
		22d PHYSICIAN'S NAME (TYPE O	Don	motor		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF		2-47	
		GHASSEM "	Pour	MOTAB		Balto. C	<u> </u>	Gor.	40	Jutul	
	(1	BURIAL / REMOVAL	4/13/	87 Mt	of.	Olives Cem.	Jerusale			STATE	
		UNERAL DIRECTOR  6010 REISTERSTO		INSON & BALTIMOR		). (21215)	E REC'D. BY REGISTRAR	256. REGISTRAR	'S SIGNATU	JRE	

DHMH - 16 60M 7/84 (VRA 15, 4)



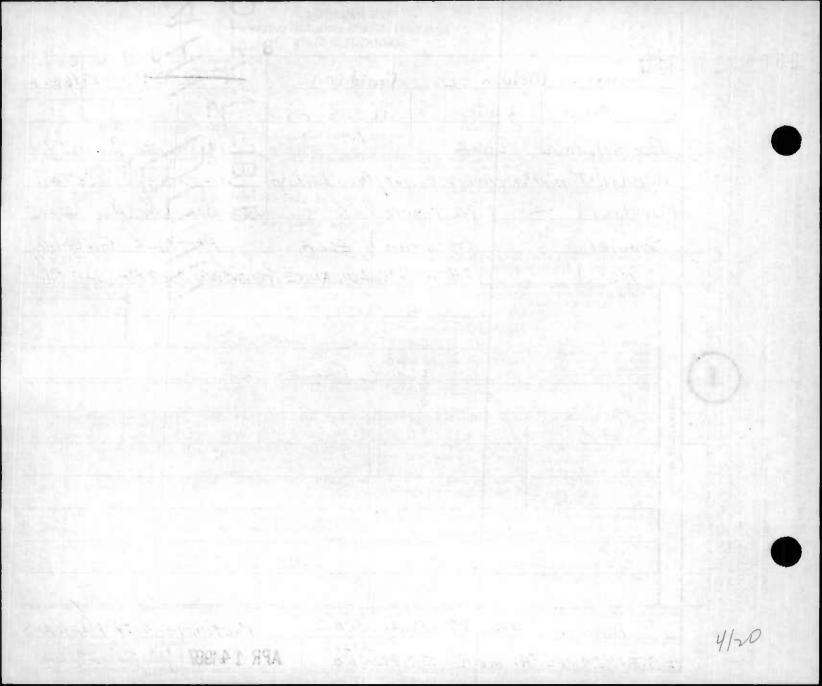
	FOR	
-	STATE	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0. 0. 0	619		
		CEASED NAME FIRST	WIDDIE	L.	AST	20. DATE OF DEATH	MONTH DA	Y60 26	HOUR	
1	(LABE	ORPHINTS (	nelvin F.	C	oldman	1 Terus	-A74-1	1-27/	1. 0E no	
1	3. SE>		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND		605 PM UNDER 24 HRS	
- 1	4	male	White	MONTH		Ma	MONTH		DURS MIN.	
J				11	607	f (	YRS.		15	
2	7a. 811	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? I. MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF D	EATH		
		Enpsylvania	USA	WIDOWE	_	Baltin	16re (	oun	TY MD.	
3	40 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS!  (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BL	USINESS OR	
7	6	anda /strain	130 HimnER	until	Bou'l. Hosh	5-1-	nan	100 -	Tail	
7	USUA 13a. S	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO						, ,	
-	M	TATE MAD COUN	17 - /		13d INSIDE CITY LIMITS?	2506 Belu		2.	11215	
4	H FA	THERS NAME	- HALLII	nore	15 MOTHER'S MAIDEN NAM		edele F	ryo -	443	
W	7		MIDDLE		FIRST	MIDDLE	1	LAST		
C	de	Jamuel	Gold	nan	ELLA	PLO	MICK	GOLD	MAN	
)		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS	21	1209	
	1	NO	216-10	-1495A	ADRIANNE G	REENSPUN .	2909 MA	RNAT	RD	
		18 CAUSE OF DEATH (Enter on	ily one couse per line for to), (b), o	ind (c).)	1 1			APPROXIMATE BETWEEN ONSE	E INTERVAL ET AND DEATH	
П		PART I. DEATH WAS CAUSE	E CAUSE 10) Cavelu	- 1/	tront					
Н		IMMEDIAI								
П		Continue it and the	DUE TO, OR AS A CONSEQU	JENCE OF	O Take	1.121	-			
		Conditions, if ony, which gove rise to immediate (b) My Carrier Three (b)								
V	couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									
)			(c) 1=0500		leauta					
	-	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN	PART IIa		
2	CERTIFICATION	Kenal	Farlus !							
	S	190 DATE OF OPERATION	196 GONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER			
1	E I	3/13/8/	l'enforatel 1.	kevder	Milleri	YES NO	YES 🗌		40 🗆	
/	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2}		
	¥	OR CONTRIBUTING CAUSE OF DEA	AIN	19	2 4 12 2 2					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				-	
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	OWN C	VINUO	STATE	
П				42 /01	187	4/10	8	7		
		sow the deceased alive on	tol) oftended the deceased from		141-1-1-	, 10	. 192	, that	(We) lost	
П	100	obove, (I) (we) (did) (did no	t) view the body ofter death		nd that in (my) lour) opinion d	reoth occurred on the d				
П		III SIGNATURE	6)/	/	DEGREE			2c. DATE SIG	NED	
		Kung	my		ATTENDING PHYSICIAN	MEDICAL STA				
		THE PHYSICIAN'S NAME (TYPEO	R PRINT)		22e ADDRESS			100		
			-							
7	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	123d LOCATION				
		SPECIFY)			ISRAEL	CITY OR TOWN	YA 1, TU	Man	STATE	
	74 FI	DURIAL DIRECTOR	1 1 0 1 6	7.41.	· · · · · · · · · · · · · · · · · · ·	REC'D. BY REGISTRAR	125 DECISTRADE	SIGNATURE	YLHND	
	11-	NAME NAME	ADDRESS	manne.	2/208 250. DATE	DD 4 / 1007	1 4' K	SIGNATURE	1	
	TE.	BREW MEMORIAL	F.H. 1100 REISTE	KS KOW.	NKD A	1/ 1 = 1301	Hima Das	idern-Kan	race.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be deteched for use with the State Dept of Heo WPORTANT, If Hern 21 is in



in director, page 3

completely filled in by the fi

IMPORTANT: If Hem 21 is marked or Hem 18 shows pay injury, or other troumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical about be detacked for use as the buriol-transit permit. Then please remove carbon either with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

#### STATE OF MARYLAND

DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
C	ERT	FICATE	OF	DEATH	Ω

1	FOR		DEPARTMENT OF I	HEALTH AND MENTAL HYG	SIENE				
1/2	- STATE ~ REGISTRAR		CERTII	ICATE OF DEATH	REG.	NO			
	CEASED NAME FIRST	1	WIDDIE	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
(146)	E OR PRINT)	elms	60	vdon	4/19	Ar-	0 0	5200P	
3. SE	×	4 RACE	5. DATE		6. AGE (IN YEARS LAST)	BIRTHDAY) IF	F UNDER 1 YEAR	IF UNDER 24 HRS	
F	emale	Bloo	K 69	H DAY YEAR	1		ONTHS DAYS	HOURS MIN.	
70. B	IRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY	OR COUNTY O	OF DEATH		
W	SOUNTRY)	110	MARRIE		_	T.	0 01	14	
10.C	ITY OR TOWN OF DEATH	III. NAME OF	HOSPITAL, NURSING HOME		120. USUAL OCCUPA	TION	LIZE KIND O	MD. OF BUSINESS OR	
To	owson md		CHEACILITY, GIVE STREET ADDRESS)	Hospital	(TYPE OF WORK FOR MOS				
	AL RESIDENCE ( NURSING HOME)	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Z ZIP CODE	21	205	
	1d.		Baltimore	YES NO	1400 E.	Madisc	on St.	. #1108	
14. F/	ATHER'S NAME	AND DIF	LAST	15. MOTHER'S MAIDEN NA					
1	Edward	MIDDLE	Gordan	Viola	WIDDLE	Tov	wnsend		
	WAS DECEASED EVER IN U.S.		166. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS			
	YES, NO OR UNKNOWN) (IF YES.	, GIVE WAR OR DATES)	#217-22-849	Anna M.	Curbeam	3155	Elmor	ra Ave.	
	18 CAUSE OF DEATH (Enter	r only one couse per	r line for (o), (b), and (c).)				APPROXI-	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAU	USED BY: DIATE CAUSE (0)	cardiopi	rlanest					
		DUE TO O	OR AS A CONSEQUENCE OF						
	Conditions, if ony, which		extensive	WA					
	gove rise to immediate couse (a), stating the		R AS A CONSEQUENCE OF						
	underlying couse lost.	((c)_							
7	PART 2. OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	0	
CERTIFICATION	19a DATE OF OPERATION	Tim com			Teezensva	Tan in vinc	WEDE SILIS		
SE SE	140 DATE OF OPERATION	196 COND	IIION FOR WHICH OPERATIO	ON WAS PERFORMED 200 AUTOPSY? 20b. IF Y			ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
- E	71a. ACCIDENT WAS UNDERLYING	21b. TIME C	DE INTITION	21. HOW IN HURY OCCUPA	YES NO	YES		NO 🗌	
	OR CONTRIBUTING CAUSE OF	110110 4		21c HOW INJURY OCCUR	KEU (ENTER NATURE OF IN	JURY IN ITEM TO PAR	IT I OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		.M. 19						
ME O	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	NWOI	COUNTY	STATE	
	AT WORK AT WORK				Mary No. 1				
	22a I certify that (I) (this has sow the deceased alive	2 / 1 / / /			, to			that (I) (we) last	
	obove, (I) (we) (did) (did		ofter deoth.	nd that in (my) (our) apinion	death accurred on the	date and hour o			
	22b. SIGNATURE	0.0		DEGREE ATTENDING	MEDICAL ST	AFF \	22c. DATE	SIGNED	
	Sche	100		PHYSICIAN [	DIRECTOR PHYS		141	1918-	
	224 PHYSICIAN'S NAME (IN	PE OR PRINT)		22e ADDRESS					
	1 > CHT V CH	181							
230	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION CITY OR LOWN		COUNTY	n STAN	
	(SPECIFIC Urial	4-23	3-8/ Kin	g Cemetery	Balt			yland	
	uneral director Ma <b>rch</b> Funera	al 1101	L E. ADWorth A	ve. 250. DAT	REC'D. BY REGISTRA	R 25b REGISTR	AR'S SIGNAM	- Reducts	

From Ligarians. FRIP X NG PROVIDE ofter

patr

requires that the death certificate be

OR ATTENDING PHYSICIAN: The

attending physician

retained by the hospital TO HOSPITAL

BP.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGUENE

10	0	0	5
REG. NO.			r d

	REGISTR	AR			CEKTIF	ICATE OF DEALD	REG.	NO.	+ A	
n a	1. DECEASED N		Man 4 . 1	MIDDLE		AST .	2a. DATE OF DEATH		DAY YEAR	26 HOUR
		H	YMAN			OREN			22-87	10
	3. SEX		4 RACE	/	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24
		MALE		HITE	57	- 25-00	86	YRS.		
27 -	70. BIRTHPLACE	(STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
0	RUSSIA		US	A	WIDOWE		BALTIMO	RE COUN	1TY	
politica	RANDAL		(IF NOT IN SU	HOSPITAL, NURSING ICH FACILITY, GIVE STREET A	ADDRESS)	. HOSP.	12a USUAL OCCUPA (TYPE OF WORK FOR MOS MAINTENAN		BALATO.	CITY  R DEPT
	USUAL RESIDER 13a. STATE MARYL	13b. ⊂	ME OR OTHER INSTITUTION OUNTY ALTO.	13c. CITY OR TOWN BALTO		13d INSIDE CITY LIMITS?	13e.SIREEI ADDRES 3316 BE	S/ VALLE		21207
Surjus 21	FATHER'S NA	51	WIDDLE	OREN LAST		15. MOTHER'S MAIDEN NA PESSIE	BAILAH		Ġ	ÖREN
ê		AVID	. ARMED FORCES?		RITY NO		S. SHIRLEM		N APT.	D
medic	(YES, NO OR UI		S, GIVE WAR OR DATES)	212-10-2				ALTO.,	MD 2	1208
£.	18 CAUS	E OF DEATH (Ente	er only one couse pe	er line far (a), (b), and	f (c).)				BETWEEN	MATE INTERVA
otic			DUE TO, O	OR AS A CONSEQUE	NCE OF	, ,		-		
00		ns, if any, which		PENAL	FA	LUNE - RE	PIRATORY	TAILUI	24	
er tr	cause	se to immediate (a), stating the	DUE TO, C	OR AS A CONSEQUE			-			
to l	underlyi	ng couse lost	(c)_	PNEUMO	6.	4- PERI	TONTTIS			
o.y.o		THER SIGNIFICA			EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GIV	EN IN PART 11	a
ig	NOIL			PD -						
200	19a DATE	OF OPERATION				N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
0	E .	7-4-8"		VIE ABDO	OMEN		YES NO	YE		NO 🗌
8/1	OR CONTR	ENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURTIN ITEM 18 I	PART 1 OR PART 2)	
He	0	NOTIFY MEDICAL EXAM		P.M.	19	211, LOCATION				
ope	WHILE AT WORK	NOT WHILE	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE FA	ARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STA
mor			naspital) attended t	he deceased from	2.	-27- 10 87	10 4-	22-	10 87	that (I) (we
21 is	saw	the deceased aliv		22 - 10 1	87 . 01	nd that in (my) (our) opinion	death accurred an the	date and hou		, ,
tem tem	22b. SIGN	ATURE	N The boo	0-1	7	DEGREE			22c. DATE	SIGNED
¥		555-111	Muy	m/m		MD ATTENDING PHYSICIAN	MEDICAL S'	SICIAN I	4-1	22 - 8:
MPORTAN	22d. PHYS	ICIAN'S NAME		/		22e ADDRESS				. 4
2/		K,	DEPES	TRE		BALTIMOR	E COUNTY	GENE	RAL HE	OSPITA
-1		EMATION, REMO BURIAL	VAL 23b. DATE APR.	23,1987 HE	BREW	ORTHODOX MEM	SOC SITY OF BAL	TIMORE	COUNTYMAR	RYLAND
7/84	24 FUNERAL D	RECTOR SC	OF LEVINSO	ON & BROS.	, INC	250 DAT	E REC'D. BY REGISTR.			
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BALTO., MD

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DHMH - 16 60M 7/8 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH 8	REG. N	00 11 1	1 6	
PR		CEASED NAME FIRST	WIODLE	- 1	AST	20. DATE OF DEATH	MONTH OAY	YEAR 21	b. HOUR
	ET alex	ERNE	ST W.	60	SNEIL		4-17-	971	752
F)	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			FUNDER THES
		Male	White	Feb.	5, 1900	87	YRS. 2	12	HOURS MIN.
1-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	XNEVER MARRIED	9. BALTIMORE CITY O		HTA	
0	M	aryland	U.S.A.	WIDOWE		Baltimo	re Co.,	,	MD.
7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	R OTHER INSTITUTION	126 USUAL OCCUPATI		KIND OF B	BUSINESS OR
0	Ra	ndallstown	Baltimore Co.(	Gen.H	ospital	Bus Drive		7031KT	
5	130. S Ma	ryland Balt	TOTHER INSTITUTION. GIVE RESIDENCE BEFORE  131. CITY OR TOW Baltime	/N	13d. INSIDE CITY LIMITS? YES NO	134.STREET ADDRESS / 8307 Lib	zip code erty Ro	oad.	21207
34	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		IAST	
X,		Abner	Gosne		Sarah	Jan		Davi	S
1		VAS DECEASED EVER IN U.S. AR	F WAR OR OATES!		17 INFORMANT	ADDRE		1.76	
1		(IF YES, GIV	213-10-	-1590	Birdie I.	Gosnell,	Same as	s # 1	3
-		18 CAUSE OF DEATH (Enter on	nly one cause per line far (a), (b), an					APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (0) INTRACT	ABLE	CONGESTIVE	HEART F	LIGURE		
		7 2 18 41 11	DUE TO, OR AS A CONSEQUE	ENCE OF					
		Canditions, if any, which	(b)						
2		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	The second second				
9		underlying cause lost.	(c)						
H		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
	ő	GASTADIN TES	STONAL BLEET	XNG	· 040 C	ne ano vas	Julan 1	40 C'D	Josep.
3	HCATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI		
1	CERTIF					YES NO	YES 🗌		NO 🗌
3	0	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I OR	(PART 2)	
	1CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	wn cc	YTHUC	STATE
		AT WORK AT WORK			7 07		17 0	17	
		220. I certify that (I) (this hospi sow the deceased alive an	ital) ottended the deceased from	073-	19 0/		19.8	, tho	ot (1) (we) last
		abave, (1) (we) (did) /did na	t) view the body after death.	/	d that in (my) (our) opinion (	death occurred on the de			
		22b. SIGNATURE	/		DEGREE ATTENDING _	MEDICAL STAF		C. DATE SIC	GNED
-		4 the	rest		PHYSICIAN [		IAN	4-1	787
1		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS		1		
		ORIANDO B.	CONANCH, A	up -	BC6# -R	ANDAMS Ton	w hed.	211	33
	23e B	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COLIN	NTY	STATE
4		Burial	4-21-1987 M	lorga	n Chapel	Woodbin			Md.
4		INERAL DIRECTOR	- ADDRESS		250 DAT	PD O 1007	256 REGISTRAR'S		
	01	rarres w. Buj	rrier, Jr., Syke	esvil	le,Md. A	TN 44 1981	Same De	corder.	~

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DRECTOR, a should be detached for one with the State Dept. of Heal IMPORTANT. If Nem 21 is m

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E formed and pos			
- 32 037 Julie Ji was Tour		Livney	

within 24 haurs after

executed

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

#### STATE OF MARYLAND

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-	REG. N	0.		

	KE	GISTRAR				CERTIT	FICATE OF DEATH	REG. N	0.		
	L DECE AS	SED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOU
0 1	0 07		Dorace	V	irginia	G	ray	Apri.	1 13,	1987	4:3
11 3	3: SEX			4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	
	F	emale		Whit	e	Jun	e 25, 1915	71	YRS.	MONTHS! DAYS	HOURS
7	7a. BIRTHE	PLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DXX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
0	COUN	Maryla	and	U.	S.A.	WIDOW		Balt	imore	Co.	
0	10 CITY O	Reister	DEATH		HOSPITAL, NURSIN Blue Sprue		or other institution urt	120 USUAL OCCUPAT	ION OF WORKING LIF <b>er</b>	IZE KIND (	Stor
5	WOUAL RE	Md.	13b COUN Balt	ITY	13c. CITY OR TOW Reisters	N	13d. INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS			21136
	14 FATHE	R'S NAME FIRST Willi	lam	MIDDLE	Lepson	U	15. MOTHER'S MAIDEN NA FIRST Mary	WE	M	íondsha	uer
		DECEASED E	VER IN U.S. AR/	MED FORCES? E WAR OR DATES)	218-14-3		17 INFORMANT Cheri Lanza	4 Blue Spr Reisterston	tice Co wn, Md	ourt	
					er line for (a), (b), and	d (c+.)				BETWEEN	ONSET AND
		PART I. DE AT	H WAS CAUSE	D BY:	Respirat	ory I	Failura			1 da	
	go	anditions, if ave rise to iuse (a), s inderlying co	immediate tating the	(b)_ DUE TO, C	Severe ( DRAS A CONSEQUE Asthma					18	years
	go ca un	ave rise to iuse (a), s inderlying control	immediate toting the ause lost.	(c)_	Severe ( DRAS A CONSEQUE Asthma CONTRIBUTING TO E	ENCE OF	T NOT RELATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIV		
	go ca un	ave rise to suse (a), suderlying control of the RT 2 OTHER	immediate toting the ause lost.  SIGNIFICANT COSCLET	conditions contic Ca	Severe ( DRAS A CONSEQUE Asthma CONTRIBUTING TO E	COPD ENCE OF DEATH BUT	Disease		=00h	EN IN PART 1	a
9	go ca un	ave rise to iuse (a), s inderlying control	immediate toting the ause lost.  SIGNIFICANT COSCLET	conditions contic Ca	Severe ( DRAS A CONSEQUE Asthma CONTRIBUTING TO E	COPD ENCE OF DEATH BUT		Z00, AUTOPSY?  YES NOT	20b. IF YES	EN IN PART 1	a NGS USED
6 21	CERTIFICATION  Substitution  Substitution  CERTIFICATION  Substitution  Company  Company	ACCIDENT WAS	immediate toting the ause lost.  SIGNIFICANT COSCLET	ONDITIONS COLIC Ca	Severe ( DRAS A CONSEQUE Asthma CONTRIBUTING TO I Ardiovascu DITION FOR WHICH DEFINJURY	COPD ENCE OF DEATH BUT	Disease ON WAS PERFORMED  116 HOW INJURY OCCUR	200, AUTOPSY?	20b. IF YES	S, WERE FINDI	a NGS USED S OF DEATI
6 21	MEDICAL CERTIFICATION  LOS CO	ACCIDENT WA CONTRIBUTING FETHER NOTIFY INJURY OCC  HILE NOTIFY NO	immediate toting the ause lost.  SIGNIFICANT CIOSCLET  ERATION  SUNDERLYING COUNTY CAUSE OF DEA MEDICAL EXAMINER	ONDITIONS CONTINUE CO	Severe ( DRAS A CONSEQUE Asthma CONTRIBUTING TO DEPOSITION FOR WHICH DEFINIURY A.M. MONTH DA	ENCE OF  DEATH BUT  11 AT I  OPERATIO  AY YEAR  19	Disease ON WAS PERFORMED  116 HOW INJURY OCCUR	200, AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI	a NGS USED S OF DEATI
6 21	WEDICAL CERTIFICATION  Local Control C	ACCIDENT WA CONTRIBUTING FETHER NOTIFY  INJURY OC saw the de- saw the de- sabove, (1) (w)	immediate toting the ause lost.  SIGNIFICANT CIOSCLET  ERATION  SUNDERLYING COURSED  CAUSE OF DEA MEDICAL EXAMINER CURRED  OT WHILE COURSED  I WORK CI (I) (this hospitice) (did) (did not recovered toting to the country (did) (did not recovered toting the country (did) (did) (did) (did) (did) (did) (did) (did)	ONDITIONS CONTINUES CONTIN	Severe ( DR AS A CONSEQUE Asthma CONTRIBUTING TO I Ardiovascu DITION FOR WHICH DEFINJURY A.M. MONTH DA D.M. OF INJURY IREET, FACTORY, OFFICE, F THE deceased from TI 11 19 8	ENCE OF  ENCE OF  DEATH BUT  11 AT I  OPERATIO  AY YEAR  19  ARM, ETC.)	Disease ON WAS PERFORMED  216 HOW INJURY OCCUR	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES IN CERTIFY YE YE WILL THE MISS POWN	S, WERE FINDI YING CAUSES S CART OR PART 2)	NGS USED OF DEATH NO
6 21	WEDICAL CERTIFICATION  Local Control C	ACCIDENT WA CONTRIBUTING FETHER NOTIFY INJURY OCC saw the deabove, (1) (w. SIGNATURE	immediate to the dause lost.  SIGNIFICANT COSCLET ERATION  SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER CURRED COT WHILE COUNTY TO WHILE COSED dive on the cosed diverging the co	ONDITIONS CONTINUE OF THE PLACE (AT HOME, S)  10) view the bad	Severe ( DR AS A CONSEQUE Asthma CONTRIBUTING TO I Ardiovascu DITION FOR WHICH DEFINJURY A.M. MONTH DA D.M. OF INJURY IREET, FACTORY, OFFICE, F THE deceased from TI 11 19 8	COPD ENCE OF  DEATH BUT  11 ar I OPERATIC  AY YEAR 19  ARM, ETC.)	Disease  ON WAS PERFORMED  216. HOW INJURY OCCUR  211. LOCATION STREET  , 19 60  and that in (my) (XXapinian  DEGREE  ATTENDING	YES NO NO NOTION	20b. IF YES IN CERTIF YE IN ITEM 18 P	(EN IN PART 1)  5, WERE FINDI YING CAUSES  S COUNTY  COUNTY  19  22c. DATE	NGS USED SOF DEATI NO  state of that (I)  causes state of the cause of t
9	PAI	ACCIDENT WA CONTRIBUTING FETHER NOTIFY INJURY OCC saw the deadove, (1) (v.	immediate toting the ause lost.  SIGNIFICANT CIOSCLET  ERATION  SUNDERLYING COURSED  CAUSE OF DEA MEDICAL EXAMINER CURRED  OT WHILE COURSED  I WORK CI (I) (this hospitice) (did) (did not recovered toting to the country (did) (did not recovered toting the country (did) (did) (did) (did) (did) (did) (did) (did)	ONDITIONS CONTINUES CONTIN	Severe ( DR AS A CONSEQUE Asthma CONTRIBUTING TO I Ardiovascu DITION FOR WHICH DEFINJURY A.M. MONTH DA D.M. OF INJURY IREET, FACTORY, OFFICE, F THE deceased from TI 11 19 8	COPD ENCE OF  DEATH BUT  11 ar I OPERATIC  AY YEAR 19  ARM, ETC.)	Disease  ON WAS PERFORMED  216. HOW INJURY OCCUR  211. LOCATION STREET  , 19 60  and that in (my) (XXapinian  DEGREE  ATTENDING	YES NO RED (ENTER NATURE OF INJU-	20b. IF YES IN CERTIF YE IN ITEM 18 P	(EN IN PART 1)  5, WERE FINDI YING CAUSES  S COUNTY  COUNTY  19  22c. DATE	NGS USED OF DEATH NO STATE OF DEATH NO STATE OF DEATH NO STATE OF COURSES STATE OF THE NGS OF THE N
9	WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1.0 C C C C C C C C C C C C C C C C C C C	ACCIDENT WA CONTRIBUTING FETHER NOTHY INJURY OCC Saw the deadove, (I) (w. SIGNATURE	Immediate toting the ause lost.  SIGNIFICANT CIOSCLET ERATION  SUNDÉRLYING COURSE OF DEA MEDICAL EXAMINER CURRED TO WHILE COURSE OF OIL WHILE COURSE OF OIL WHILE COURSE OIL WHI	ONDITIONS CONTINUES CONTIN	Severe ( DR AS A CONSEQUE Asthma CONTRIBUTING TO I Ardiovascu DITION FOR WHICH DEFINJURY A.M. MONTH DA D.M. OF INJURY IREET, FACTORY, OFFICE, F THE deceased from TI 11 19 8	COPD ENCE OF  BLATH BUT  LIAT I OPERATIO  AY YEAR  19  ARM, ETC.)	216 HOW INJURY OCCUR  211 LOCATION STREET  19 60  and that in (my) (XXapinian  DEGREE  27 ATTENDING PHYSICIAN (1)  22e. ADDRESS	ZOO. AUTOPSY?  YES NO CHARLES OF INJUINATION OF INJUINATION OF ITALIAN OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF ITALIAN OF ITALI	20b. IF YES IN CERTIFY YE YES	COUNTY  19 22c. DATE	NGS USED OF DEATH NO THAT (I) WE causes state SIGNED
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7	WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  11-0  11-0  11-0  12	ACCIDENT WA CONTRIBUTING FETHER, NOTHEY INJURY OCC Saw the decades of the contribution	immediate toting the ause lost.  SIGNIFICANT COSCLET ERATION  SUNDERLYING COUNTY CONTROL CONTROL EXAMINER COURSED TOT WHILE COUNTY CONTROL CON	ONDITIONS CONTINUES CONTIN	Severe ( DRAS A CONSEQUE Asthma  ONTRIBUTING TO E  Ardiovascu DITION FOR WHICH  DEFINJURY A.M. MONTH DA  OF INJURY TREET, FACTORY, OFFICE, F  11 11 19 8  y after death.	COPD  ENCE OF  DEATH BUT  11 ar I  OPERATIC  AY YEAR  19  ARM, ETC.)  NAME OF C	216 HOW INJURY OCCUR  211 LOCATION STREET  19 60  and that in (my) (**Appinian* DEGREE  27 ATTENDING PHYSICIAN [1] 22e. ADDRESS  14 East Eage	200. AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUIDAD  CITY OR TO  D., to Present death accurred an the d  DIRECTOR PHYSIC  23d. LOCATION  CITY OR TOWN	20b. IF YES IN CERTIFY YE OWN	COUNTY  19 22c. DATE	on NGS USED STORY OF DEATH NO THAT (I) We causes state SIGNED 14-87.

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### 30065 APR GARAGE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Š	REG. NO.			3

100	REGISTRAR		CEKITI	ICATE OF DEADS	REG. N	0.	
1. DEC	CEASED NAME FIRST	MIDDLE		AST		AND AND	R 2b. HOUR
17/50	PETER F.	PKIELD			APRIL 3.	1987	6 PM
3.54	/	RACE			6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
1	ALE	NALTE	10/	11 10 10	77	YRS.	
		CITIZEN OF WHAT COUN	RY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATI	4
		V.S.A.			DAVIMOR	E COUNTY	MD.
1	OR IOWN OF DEATH			1/			ID OF BUSINESS OR
USUA	RESIDENCE (IF NURSING HOME OR O	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	HOME	KRESSMAN	· · Weu	IS HMURICA
13a, 5	TE 136 COUNT	L3 CITY OR	TOWN	13d. INSIDE CITY LIMITS?	1200	.//	7,271
14. FA		IMPRE YARKY	RLE			ENDALE KD.	21234
	1	DDLE LAST		LOUTE 1	MIDDLE		LAST
	AS DECEASED EVER IN U.S. ARM		SECURITY NO.	17. INFORMANT	ADDR	ESS	
(1)	ES, NO OR UNKNOWN) (IF YES, GIVE Y		3-1746	FAMORY KS	COADS		
	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b	i, and (ci.)	0.0	,	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
			dio Re	of ann			
		DUE TO, OR AS CONS	EQUENCE OF	0 0 7	mounique	a WAREL	
	Conditions, if any, which	( 16) Kecun	W F	Hofswalun /		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~
	cause (a), stating the	DUE TO, OR AS A CONS		PA	butte		
		(c) WH	7 - 1	1	/ /		
Z	PART 2. OTHER SIGNIFICANT CO	inditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEGRE OR CON	DITION GIVEN IN PAR	1 110
ATH	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		
					YES NO	YES	ISES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAR	[ 2]
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
AEDI	214 INJURY OCCURRED	21e. PLACE OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
*	WHILE NOT WHILE AT WORK			-			
	11			, 19	, to	. 19	, that (I) (we) lost
	abave, (I) (we) (did) (d	view the body after death.			death occurred on the d		
	276. SIGNATURE	with			MEDICAL STA		ATE SIGNED
	224 PHYSICIAN'S NAME (TYPE OF	DIAIT		PHYSICIAN [	DIRECTOR   PHYSIC		11/01
	ND S SPINI	146		1 1001	LECH RAVEN	, , , , ,	
73a D	IIDIAL CREMATIONI REMOVAL	775 DATE 1	73, NAME OF			، ا دما	
10	SPECIFY)	4-7-07	bun -	T.	CITY OR TOWN	une Kin	STATE
	UNITAL INERAL DIRECTOR	/ / /	UMEDEW.				
24 Ft	NATIVE DIKECTOR	/		250 DAI	E REC'D. BY REGISTRAN	25b. REGISTRAR'S SIG	NATURE
	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  17 EVENT STATEMENT S	THPLACE (STATE OR FOREIGN DUNIRY)  LUS (LIV) OR TOWN OF DEATH  Conditions, if ony, which  gove rise to immediate  couse (a), stating the  underlying couse lost.  PART 2. OTHER SIGNIFICANT CO  LUS (LIV) OR TOWN OF DEATH  LUS (L	A RACE	A RACE   S. DATE CONTITUEN   S. DATE CONTITUENCE   S. DATE CONTITUEN	S. DATE OF BIRTH   ARCE   S. DATE OF BIRTH   ARCE   ARCE	DECEASED_NAME	DECEASEDMANE   PROJ.   MODIE   LAST   Ja DATE OF BRITH   MODIE   DECEASED MANE   A RACE   (INVENTIONAL PARTIES OF MANE)   MODIE   DECEASED MANE   M

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 9 APR -		REGISTRAR		ou and		ICATE OF DEATH	∞) REG. <sub>I</sub> N	0.		
poge 3		CEASED NAME FIRST Myrt]	e C.	GRUBER		AST	April 5, 1	987	U 70	10:25
ector. po	3. SE	× Female	4. RACE White		S. DATE C	of Birth 14, 1901	6 AGE (IN YEARS LAST BIR	THDAY) IF U		IF UNDER 24 HRS HOURS MIN.
35		altimore, Md.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Balti	RCOUNTY OF MOYE CO		M
597		ssville 21237	Frank	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION OF THE CONTROL	ON   1	SP RIND OF	BUSINESS OF
3	13a. S	AL RESIDENCE (IF NURSING HOME OF NATE 13) COU	imore	13 TES SEX		13d. INSIDE CITY LIMITS? YES NO	361 Towns	zip cope end Rd.	2122	:ı
30	14. FA	THER'S NAME	Tohnsor			15. MOTHER'S MAIDEN NAME FIRST Est	elle Bidds		LAST	
e medico		VAS DECEASED EVER IN U.S. AF res. noor unknown) (IF yes, Gi	RMED FORCES?	219 10		Elmer W. Gru	ber, Husban		me	
pooper ont, #		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe D BY: TE CAUSE (a)	Cardiopu	l <sub>icu</sub> lmona	ry Arrest			APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
n signed by the fill Then please it move to buriel, commands rejury, or other freeze	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(c)_	DR AS A CONSEQUE	NCE OF	ntestinal Ble		DITION GIVEN I	IN PART 110	
Por per prior	CERTIFICATION	19a DATE OF OPERATION	196. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	20b. IF YES, WI IN CERTIFYING YES	G CAUSES O	SS USED OF DEATH?
of transfer		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I	OR PART 2)	
h and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
No see		220.1 certify that 🎉 (this hosp sow the deceosed alive an obove, 🏋 (we) (did) (di	April	be deceased from	87_, <sub>°'</sub>	nd that in (M) (our) opinion of	death occurred on the do	. 17	d from the co	at ( <b>X</b> (we) las
dinaches ote Dept 41. # Nem		17E SIGNATURE	X	Len	·h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN	22c. DATE SHO	
Shoold be of with the Science Amportan		22d PHYSICIAN'S DAME (TYPE OF Julin	Tang N	îD		9000 Frankli	n Square Dr	ive Bal	timore	21237
- 3 4	23a. F	BURIAL, CREMATION, REMOVAL	14/7/8	7 236.	ak L	emeterx or crematory	Bad to more	Co., M	d.	STATE
AH - 16 60M 7/84	24 FI	AL DIRECTOR	28	DA antegor	014	250. DATI	E REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATUR	₹E

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

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	noshita mile	dea		roemio)		
em n	, and	end almer as Deu	219:10			10.
		The waters				

Content mal as

Sertingers Co., Td. .

ATTENDING PHYSICAN, THE EAST

TO HOSPITAL

BP. DHMH - 16 60M 7 (VRA 15, 4)

MPORTANT If New 21 is marked or New 18 shows ony

TO FUNERAL DIRECTOR, After the should be detached for use as the with the State Dept of Health and

nal director, page 3

#### STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	3	, 4a	-
U	1		
		0.	REG. N

I. DE	ECEASED NAME FIRST	B.	GUM	IMER	April 27	1987	YEAR	26 HOU 5:00	
3. SE	x ale	e White S. Date of Birth May 120, 1898 YEAR 88							24 HRS MIN.
В	altimore Md.	USA	w	MARRIED NEVER MARRIED VIDOWED DIVORCED	Baltimore city of Baltimore				M
R	ossville 21237	Franki	in Sq. Hos		120 USUAL OCCUPATION		26. KIND C	Refir	ss o
USU 13a.	AL RESIDENCE (IF NURS HOME OF STATE NATIONAL COURT		Baltimore Before ADA	MISSION)  13d. INSIDE CITY LIMITS?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	13. STREET ADDRESS	ZIR CODE Robinsoi	n St.	2122	24
-		Gummer	LAST	15. MOTHER'S MAIDEN NA. Josephi	ne Kuhn		LAS		
16a \	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	215 07 22		sto, Daught		to.,		
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per li ED BY: TE CAUSE (o)	Cardiopuli	monary Arrest			BETWEEN	MATE INTER ONSET AND	V AL DE ATI
	Conditions, if ony, which								
TION		(c)	AS A CONSEQUENC	CE OF	INAL DISEASE OR CON	DITION GIVEN I	N PART 10	0.	
RTIFICATION	couse (o), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT (	(c)CONDITIONS <u>CO</u>	ntributing to dea	NTH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING YES	ERE FINDING CAUSES	NGS USED	H?
EDICAL CERTIFICATION	couse (o), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT (	CONDITIONS COI	NTRIBUTING TO DEA	VERATION WAS PERFORMED  YEAR 19 211. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	ZOB IF YES, WE IN CERTIFYING YES TO THE TENT OF THE TE	ERE FINDING CAUSES	NGS USED OF DEATH	H? }
MEDICAL CERTIFICATION	COUSE (0), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT (19th DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (19th EITHER NOTHEY MEDICAL EXAMINED COURTED WHILE OF OTHER LATWORK OF THE L	(c)	INJURY  MONTH DAY  FELFACTORY, OFFICE, FARM,  decepsed from	PERATION WAS PERFORMED  21c. HOW INJURY OCCURY 19 211. LOCATION STREET 20 19 87	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	20b IF YES, WE IN CERTIFY INC YES TO	RE FINDING CAUSES  OR PART 2)  COUNTY	NGS USED OF DEATH NO	H?  ATE
	COUSE (0), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT (  19th DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO OF DEALINE OF DE	CONDITIONS COI  19b. CONDIT  19	INJURY  MONTH DAY  FELFACTORY, OFFICE, FARM,  decepsed from	YEAR 216. HOW INJURY OCCUR!  YEAR 211. LOCATION STREET 20, 19, 87  Ond that in (24) (our) opinion of DEGREE	ZOO AUTOPSY?  YES NO CHIER NATURE OF INJUINATION TO APPIL  deoth occurred on the do	20b. IF YES, WE IN CERTIFYING YES TO THE MISS PART 1	COUNTY  87  H I DATE	NGS USED OF DEATH NO The thorax (w	H?

		A William And Parket		
	88	981 ,05 vai	ed Mili	ofst
			120	L'occupation
en 17 el 110   19 al	Cintal Sessi		Franklin 2	TIM effivence
ASSIS 138 mostler	.8 925	x sice!	10.1	The Tyre!
t menual entre		dgasele	Comer	ufol-
	<b>,</b> c :			

STATE REGISTRAR 1 DECEASED NAME DECENTIVE OR PRINCE.

> COUNTRY N.Y.

130 STATE Md.

CERTIFICATION

4 FATHER'S NAME

Male

10 CITY OR TOWN OF DEATH

Thomas

Conditions, if ony, which gove rise to immediate couse (o), stoting the

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

24 FUNERAL DIRECTOR

IYES, NO OR UNKNOWN)

Catonsville

160 WAS DECEASED EVER IN U.S. ARMED FORCES

8 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:

TO BIRTHPLACE ISTATE OF FOREIGN

3. SEX

FIRST Thomas

23b. DATE

Leonard J. Ruck, Inc., 5305 Harford Rd.

4-9-87

		DEPARTN	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	SIENE REG. NO	0 1	
FIRST		MIDDLE	LAS	Ť	20 DATE OF DEATH	MONTH DAY Y	EAR 2b HOUR
nomas	F.	Ha	aggert	y, S.S.	4-6-1987		11:25 R.M.
	4 RACE White		5. DATE OF 5-24	BIRTH -1902	6 AGE (IN YEARS LAST BIRT		LYEAR IF UNDER 23 HRS. DAYS HOURS MIN.
OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED		Balto. Co		TH MD.
ille	(IF NOT IN SUC	Martin's	B Home	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Roman Catho	WORKING LIFE) INDU	
136 COUN Bal	OTHER INSTITUTION	134 CITY OR TOWN Balto.	N 11	34. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 603 Maide	ZIP CODE en Choice	La. 21228
J	M IDD LE	Haggerty		5. MOTHER'S MAIDEN NA Elizabeth	ME A.	Ri	ley
	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		7 INFORMANT  Rev. Lawren	ADDRE		: 13e
'AS CAUSE	ly one couse per D BY: 'E CAUSE (0)	Respi	soli	sny Ing	lection	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
which nediote ig the lost	(b)	R AS A CONSEQUE	ins	ma Lu	ng		
VEN CONTRACTOR	tia.	COP	D	OT RELATED TO THE TERM		OITION GIVEN IN PA	

23d LOCATION

STATE

underlying couse lost 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 12d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Sambandam Baskaran, M.D. 3455 Wilkens Ave.

23c. NAME OF CEMETERY OR CREMATORY

Sulpician

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

APORTANT

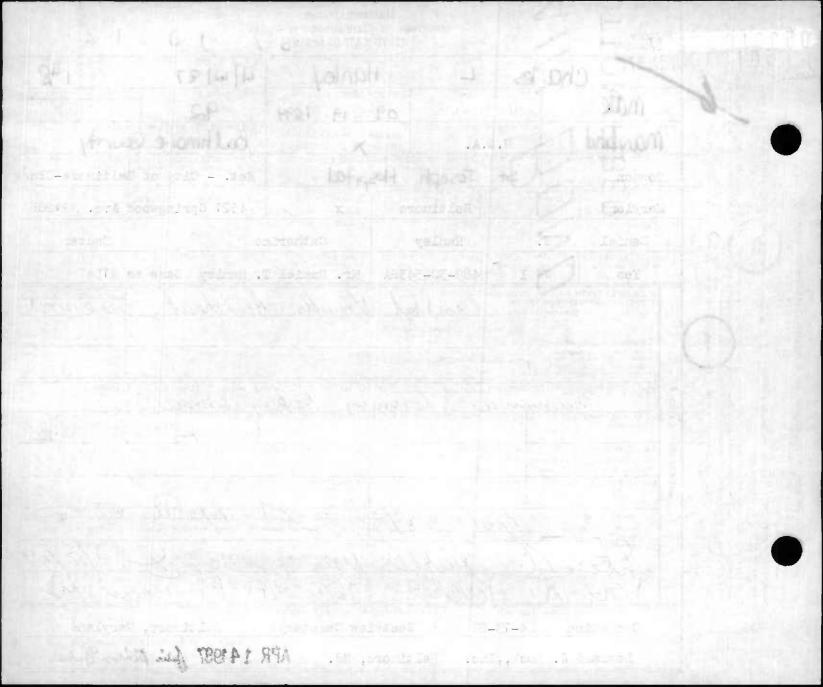
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	7801-2-1	2.2.	ormania .		7.75
		10 (11-4)			e
	.atractal		•		7. Y. V.
			int state the	110-11-31	Catalana 1
Choice is. gian			.nzTni	. oston	. M
of William		dfoons 18	to respect		name.
		and the err			
			in the state of		
	W.	4	E Jakings with		

## STATE OF MARYLAND

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REG. NO.	U	1	ha
REG. NO.			

	3 7	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		NE REG.	0 0	12	
All	Tres	Char	les "	IDDLE	+	Fanley	2	DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR M
	1.5E)	* male	4. RACE Whi.t	ę	5. DATE C		894	AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5	1	Way and	U.S.		WIDOWE	Part .	ED 🗌	Baltimore city	/	OF DEATH	MD.
8	_	OWSON	ST.	JOSEDN	DDRESS	ROTHER INSTITUTION	ON II	Ret C	ATION st of working lif ity of	12b. KIND OF INDUSTRY Baltimo	BUSINESS OR re-Clerk
5	IJa S	ALRESDENCE IN MERSON HOME OR STATE		Baltimor	1	13d. INSIDE CITY LI	_	street Address 4521 Sp	s / ZIP CODE	od Ave.	21206
3.0	2	Daniel T	MIDDLE •	Hanley		15. MOTHER'S MAI	den name herine	• Widdle		Saut	er
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	E WAR OR DATES	166 SOCIAL SECUI 489–30–34		Mr. Dan	iel T.	. Hanley	Same a	as #13e	
	8	PART   DEATH WAS CAUSE	ily ane cause per l D BY: TE CAUSE (a)	ine far (a), (b), and	il al	Vagenda	1	tect des	of .	APPROXIM BETWEEN OF	NSET AND DEATH.
)		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE							
2	CERTIFICATION .	PART 2 OTHER SIGNIFICANT OF PULL OF OPERATION	noura	- 1,60	ronc	NOT RELATED TO	Efen	1 4.	20b. IF YES	EN IN PART Tra , WERE FINDING YING CAUSES O	GS USED
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRED	YES NO	YE.	s 🗍	NO TE
	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	47	CITY OR	11 12	COUNTY	STATE
			I half d. C	16 19	1	d that in (my)	apinian dec	to And the	date and hav	r and from the c	auses stated
		228 PHYSICIAN'S NAME (TYPE	J. G	felle	un	ATTEN PHYS	IDING ICIAN	MEDICAL ST	TAFF SICIAN	- 24/	787
	02. 6	NOW A	. 518	VENS	7	7670	401	K Rd	rou	Bu !	MA
	1	Cremation	23b DATE 4-13-8			emetery or cremiew Cemet	ery		imore,	Marylan	
	24. FU	Leonard J.	Ruck,,In	c. ADDRESS	timor	e, Md.	APR	1 4 1987	W A A	RAR'S SIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)



04972

nerol director, page 3

and the same	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG.	<b>3</b> 0	3	
		CEASED NAME FIRST		MIDDLE	1	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		Jacob	Р	HANZL	IK	- A-4	April 3,	1987		2:20 A
	3. SEX	(	4 RACE		S. DATE C		6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male	Whit	_	Jul		79	YRS.		
1		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY			
1		aryland	US		WIDOWE		Baltimore			MD.
7	1	OSSVILLE	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	Hospital	120. USUAL OCCUPATION OF WORK FOR MOST Retired.	OF WORKING LIFE)	INDUSTRY	i reDent
-	USUA	AL RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	•			.00.1	rebepe
100		Md. B	alto.	MiddleF		YES NOT	136 STREET ADDRESS	reRoad	2122	0
	14 FA	THER'S NAME FIRST	MIDDLE	LASI .		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
3	1	James		Hanzlik		Kathrine			=	
,		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES	166 SOCIAL SECU		17 INFORMANT	ADDI			20200
		no		219-44-	8257	Jacqueline	Slaughte:	r 1440S.		
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	ICCD OV						BETWEEN	MATE INTERVAL
		IMME	DIATE CAUSE (6)	ARD I OPULMO	ONARY	ARREST				
				R AS A CONSEQUE		30 11000111 00 00	OATDENT		385	
		Conditions, if ony, which gove rise to immediate	(6)	FELL STOF	CEREBI	RO VASCULAR AC	CIDENI			=
		couse (o), stating the underlying couse lost	DUE TO, C	OR AS A CONSEQUE						
			I CONDITIONS C	ONTRIBITING TO F	SEATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR COL	IDITION CIVEN	LINI DADT 110	
	NO	HYPERTENS ION			70		INAL DISEASE OR COI	ADITION GIVEN	· II · FAKI IIO	
7	ATE	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
7	CERTIFICATION						YES NOT	IN CERTIFYII YES	NG CAUSES	OF DEATH?
8	CER	21a. ACCIDENT WAS UNDERLYING		OF INJURY	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2]	
1	CAL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ADM STC I	21f LOCATION	CITY OR T	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(ATTIONE, ST	TREET, FACTORY, OFFICE, F.	ARM, EICT					
		22a.1 certify that () (this h	ADY 911 ndgd 1	he 1987 from	arch	11. 19 87	- 'April 3		87	hot (we) lost
1		22a.1 certify that () (this h sow the deceased alive above, () we (did) (d	phi) view the bady	y after deoth.	, or	11, 19 87 Id that in (14) (our) opinion o	death occurred on the	date and hour o	nd from the o	couses stoted
		226 SIGNATURE	- ala			DEGREE		AFF \	22c. DATE :	SIGNED .
		TIAN DIAVEIGIANE NOME	pour	~		PHYSICIAN [	DIRECTOR PHYS	ICIAN	1 41	3 8 7
		22d. PHYSICIAN'S NAME IT	100			22e. ADDRESS				
-	22 0	Joseph Kap		I os .	LAME OF T	19000 Franklin	Square Dr	217	237	
		URIAL, CREMATION, REMO				EMETERY OR CREMATORY	CITY OR TOWN	la Pai	THO	Maryland
		Burial	4/6	/87   Ga	rden	s of Faith	KOSSVII	TE Dg.	LLU. I	arytanu

Gardens of Faith ROSSVIIIE

250 DATE REC'D, BY REGISTRAN

APR - 7 987

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Burial 4/6/87 Gardens of F. 24. FUNERAL DIRECTOR CONTELLY FUNERAL DIRECTOR 21221

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the m TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiol should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

\$14 JULY 11 11 12 12 13 ALL STATE OF THE S

	1001	00 •	1-	FOR STATE REGISTRAR		DEPART	STATE OF MENT OF HEALTH CERTIFICAT	AND MENTAL HYG	IENE REG	b. 0	1 4	
,	7 0 3 A	TIT		CEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH	нтиом		AR 2b HOUR
	poge 3				GUY	W.	HARF	ER, JR.		04	15	87 7:30R
	of of		3. SE	MALE		4 RACE WHITE	5. DATE OF BIRT	30, 1913	6. AGE (IN YEARS LAST BI	rthday) YRS	MONTHS I	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	2 hou	4	7a. BII	RTHPLACE (STATE (	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED 1	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEAT	н
		0/	/	VEW YOK	K	U.S. H.	WIDOWED	DIVORCED [	BALTIMO			MD
	y the	Carallell A		TOWSON	EATH	(IF NOT IN SUCH FACILITY, GIVE STREE 6701 N. CHAP	ADDRESS) GALES ST	EET.	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST SHIPPING			ND OF BUSINESS OR STRY LEN L. MAI
			13a. S	TATE	JRSING HOME OR 13b COUN			ISIDE CITY LIMITS?	130.STREET ADDRESS	ZIP COD	DE THAN	21239 P
	0 7	_	14. FA	THER'S NAME FIRST	1	MIDDLE HARPE	P, SP. 15. M	TRENE	MIDDLE		FOR	SYTHE
	on ond comp	e medica		AS DECEASED EV		MED FORCES? 16b SOCIAL SECTOR OF DIAGRAM OF DATES)	17 IN -0/23	FAI.	MILY RE	ECOI		>
	ding physici athon paper or remavol.	The same of		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	E CAUSE (o)	AMOTA				BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		The state of the s		Conditions, if a gave rise to i couse (a), sta underlying cau	mmediate ting the	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	ENCE OF	RE ARREST				
	1			PART 2. OTHER SI	GNIFICANT (	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	DITION GI	VEN IN PA	RI lio
	Part of		NO O									
	to be been a principle of the period of the	9	CERTIFICATI	19a DATE OF OPER	RATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	IN CERT		INDINGS USED USES OF DEATH? NO
-	g physic entilicate (al-trans intol Hygis	9	A.	210. ACCIDENT WAS I	CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	IOW INJURY OCCURI	RED (ENTER NATURE OF INJI	JRY IN ITEM 18	PART 1 OR PAI	ş <u>1</u> 2)
	attendio	1	MEDIC	21d. INJURY OCCU	JRRED WHILE VORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		OCATION STREET	CITY OR TO	OWN	COUN	TY STATE
1	TOR A for use of Health			sow the dece	ased olive on	rol) ottended the deceosed from.  19 1) view the bady after death.		in (my) (our) opinion	, to deoth occurred on the c			, that (I) (we) lost in the couses stated
	the house			27h SIGNATURE	286	Detino	DEGRE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🖳		L4-15-87
0000	TO FUNES thould be			DR. N	MAME THEO			B.M.C.,6	701 N. CHA	RLES	STR	EET, 2120L

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO MOSPITAL OF

24. FUNERAL DIRECTOR

231 NAME OF CEMETERY

G.B.M.C., 6701 N. CHARLES STREET, 21204 OR CREMATORY

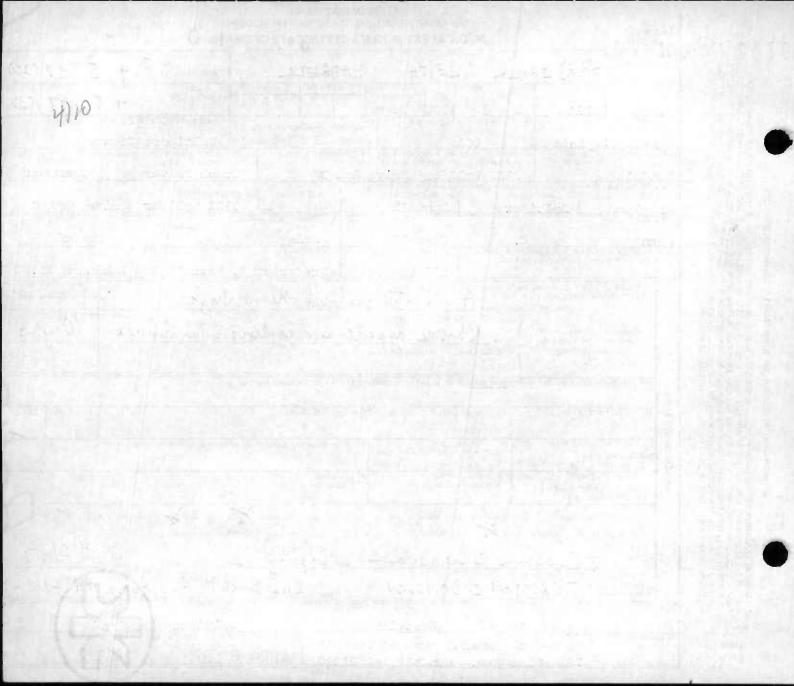
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 2 3 1987

e e BALTIMORE TOWSON - STOR N. CHARLES STREETS AMOTAGEN LIMER EXICHRE RESPIRATORY ARREST The state of the second DR. MOSEN EL DEFRAWI C.E.M.O., 6701 N. CHARLES STREET, 21201

PARTY SERVER SER

20M 4/B2

STATE OF MARYLAND



	FOR T - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		6
	I, DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 2b.
ı	5/12abc	th R	Warris	07 18	8/7
	3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER TYEAR IF
	Female	Black	09 06 1	4 72 YRS M	ONTHS DAYS HO
d	D. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUNTY	OF DEATH
Ý	COUNTRY) MD	USA	WIDOWED DIVORCE		
	Towson MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A			12b. KIND OF BU
1	USUAL RESIDENCE (IF NURSING HOME OF	or en montonore, one mediatives belone	ADMISSION)	and the expert appears and con-	
d	MD.	MONKTO			RD. 21
I	14. FATHER'S NAME		15. MOTHER'S MAID!	ENNAME	

п	- CMAIR	SIACK	109	06 17	10	YRS				
d	D. BIRTHPLACE (STATE OF FOREIGN TOUNTRY)	6. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
١	MU	USA	WIDOWED		Tov	VSON		MD		
	Yousan MD.	1. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST STJOSEPH	HOS	PITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND OF E INDUSTRY	USINESS OR		
	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 136 COUNT MD.		TON	13d. INSIDE CITY LIMITS? YES NOX			RD. 21	111		
1	GEORGE H.	HARRIS LAST		15. MOTHER'S MAIDEN NAME ELIZABE	eth A. HAF	RIS	LAST			
1	160. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIALS	ECURITY NO.	17. INFORMANT	ADDRE	SS		N.		
1	NO N/A		8-7567	WILLIAM OW	VENS 2335	SHEPPA	ARD RD	).		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: ACITE	RESP,	RAT-RY T	=X) LUPE		APPROXIMA BETWEEN ONS	SET AND DEATH		
	Conditions, if ony, which	DUE TO, OR AS A CONSE	OUENCE OF	IA			2 we	eks		
	gove rise to immediate cause (a), stating the underlying cause lost.		1 m	tr						
		The second secon								
	190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		ERE FINDING G CAUSES OF			
	OR CONTRIBUTION CAUSE OF BEAU	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)			
	OKCONINGUING CAUSE OF DEATH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	22a.l certify that (1) (this haspite sow the deceased alive an abave, (1) (we) (did) (did not)	4-15	6	d that in (my) (our) opinion o	, to	19_ te and hour an		ot   It (we) lost uses stated		
	22b. SIGNATURE	who	7	DEGREE	MEDICAL STAI		220. DATE SIG	SNED 7		

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

MPORTANT: If Item 21 is marked or

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

23t. NAME OF CEMETERY OR CREMATORY 4/20/87 JOY

MT.

23d. LOCATION

24 FUNERAL DIRECTOR

ADDRESS

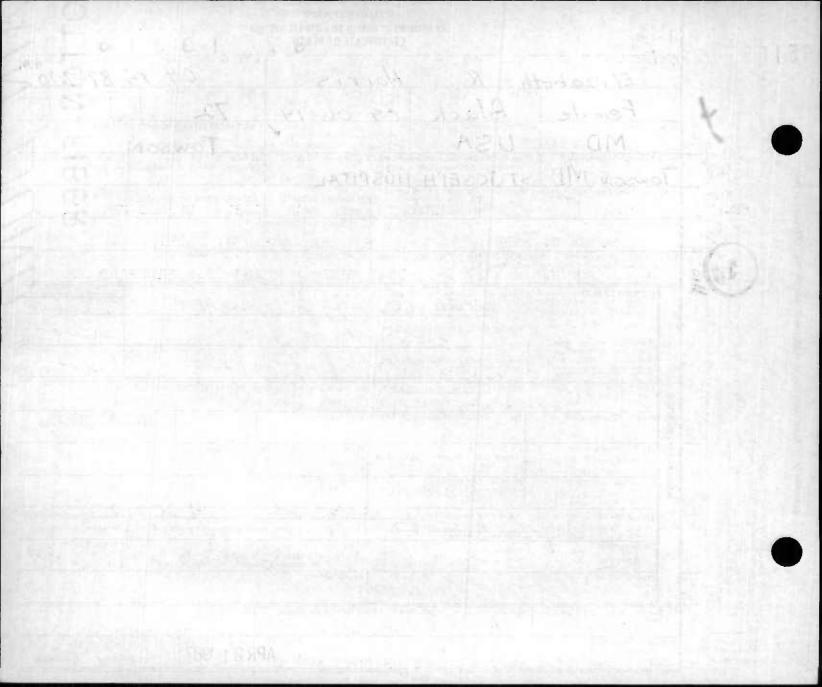
MONKTON MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 2 1 1987 Julia Davidson-Rai

LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE

23b. DATE



by the funeral director, page 3,

injury, ar other traumatic event, the medica

IMPORTANT: If frem 21 is marked action 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

BP\_

may be

after death. Page 4

STATE OF MARYLA

ND

1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. TO. 1											
	(EASED NAME FIRST EVEN TIL		MIDDLE		rris		20. DATE OF DEATH		DAY YEAR 2987	620P	
3. SE	Female	4 RACE Whi		S. DATE C		97 9 A	6. AGE (IN YEARS LAST	YRS.	FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.	
Ballto. Co. Md. USA			WHAT COUNTRY?	WIDOWE		MARRIED	Baltimore Co.				
F	Randalls town	CO. CO. GO	Gen. Hospt.			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE					
13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 GO)	Tto.	GIVE RESIDENCE BEFORE 134. CITY OR TOWN DWINGS MI	ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS	s / ZIP CODE nbrook	Ave.21	117	
) 4. F/	James H.	MIDDLE	Fowler			's MAIDEN NAM Susannah	MIDDLE		Poudei	Č.	
16a \	WAS DECEASED EVER IN U.S. A (1) NO OR UNKNOWN) (IF YES, G	RMED FORCES?	213-74-3		Mrs.		E. Brady	Owing	s Mills	s, Md.	
	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	M. CVD	nona	y and	152 xe+1			
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I  190 DATE OF OPERATION 196 CONDITION FOR WHICH				OPERATION WAS PERFORMED 200 AUTOPSY?				206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
MEDICAL CERT	OR CONTRIBUTING CAUSE OF D	216. ACCIDENT WAS UNDERLYING					YES NO	JURY IN ITEM 18 P	COUNTY	NO	
W	WHILE NOT WHILE 220.1 certify that of (this has sow the deceased alive a above, (1) (we) (did not be above, 1) (we) (did not be above)	pital) attended th	9/ 198	01	STREE	. 19.87	to Officerth occurred on the	29/	19.87	that (f (we) lost	
	226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE	OR DRINT!	100		DEGREE MB 22e ADDRE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	221. DATE 04	SIGNED 7	
22	m.E	ENOYX	122.	IAAAE OF O		CREMATORY	1234. LOCATION				
	BURIAL, CREMATION, REMOVA	May 2,	.87 We	estmir	nster (	emetery	Westm	inster,		STATE	
74	UNERAL DIRECTOR					ZOO. DATE	REC'D. BY REGISTRA	KEGIST	KAR'S SIGNAT	URE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Elime Funeral Home

Reisterstown, Md. 21136

MAY 4 - 1987, Julia Davidson Mand

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3	1.	FOR SFATE		D	STATE EPARTMENT OF HE		RYLAND AND MENTAL H	IYGIENE		
001.080	11.0	REGISTRAR	FIRST	MED	ICAL EXAMINE		0	F DEATH	REG NO.	8
ASE OR. ES. ET,		CEASED NAME PE OR PRINT)	REPRE	y 5. +	+ARRIS	LAS	ST	OF	KNOWN   M	AONTH DAY YEAR 25 HOUS
RY, PLEASI DIRECTOR DUR FILES 72 HOURS	3 SE	M A RAC		DATE OF BIRTH	YEAR LAST BIRTHDAY)  CONTROL OF THE PROPERTY O	MONTHS	DAYS HOURS	24 HRS. 2c. DAT MIN. PRONOL DEA	INCED A	C 27 1987 34 HOUR
MECESSARY, PLEASE DIMERAL DIRECTOR. 5 FOR YOUR FILES. MITHIN 72 HOURS W PREGTON STREET,	FC	IRTHPLACE (STATE OR PREIGN COUNTRY) Maryland	7b	CITIZEN OF WH.		MARRIED	NEVER MARRI	ED 🗠	MORECITY OR C LTIMORE (	COUNTY OF DEATH ALL
A CONTRACTOR OF THE CONTRACTOR	1	ROSSVILLE	ATH 11	(IF NOT IN SUCH FAC	ITAL, NURSING HOME, C ILITY, GIVE STREET ADDRESS) N SQUARE HOS			FOR MOST OF WO	UPATION (TYPE OF V DRKING LIFE) ng Contr	work 12b. KIND OF BUSINESS OR INDUSTRY actor—Own Bus.
AND 3 TO RECORD S	13a. S		rsing home or ot 136. COUNTY Balti		RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN	13	d. INSIDE CITY LIMITS?	13e. STREET ADDE		
AORE, MD. RDEATH. IF AGES 1, 2, RNA RM 3, I AND S S I OF WITHE	John	K	enneth	Harris	15	MOTHER'S MAIDE	N NAME	WIDDLE	Burleson	
JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AFT DIVISION OF	160. \	WAS DECEASED EVER ES, NO. OR UNKNOWN) NO	IN U.S. ARMED		212-86-4903		Ailene H.	Waldrop	ADDRESS 10233	21220 Bird River Rd.
PRESTON ST., VITHIN 24 HOUR VILLE IN ITEM 18. INUR ALONG WATHERMIT. RAANST PERMIT. RAANST PERMIT. REMOVAL.	2	Conditions, if c gove rise to cause (a) stoting lying couse last.	AS CAUSED BY MMEDIATE C Day, which immediate the under-	AUSE (o) DUE TO, OR A  (b) DUE TO, OR A	AS A CONSEQUENCE OF		REBRE		JURY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201-W. HIS CERTIFICATE SHOULD BE EXECUTED W. WRITING THE WORD "PENDING" IN PEN VARDED TO THE CHIEF MEDICAL EXAMI VAGE 3 SHOULD BE USED AS A BURIAL. IR IATE DEPARTMENT OF HEALTH AND MENI 21 201 PRIOR TO BURAL, CREMATION, OR	CERTIFICATION	190. DATE OF OPERA			UT NOT RELATED TO THE TERMINAL			R7 1 (o)		20 AUTOPSY?
CERTIFICATE SHO CERTIFICATE SHO TING THE WORD DED TO THE CHI 3 SHOULD BE UP DEPARTMENT OF BE I PRIOR TO BUR		216. EXTERNAL CAULUNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	21c. HOW	V INJURY OCCURRE	D GENTER NATURE OF I	NJURY IN ITEM 18 PART	YES NO NO
DIVISION THIS CERTIFE WARDED TO PAGE 3 SHC TATE DEPAGE 2 SHC TATE DEPAGE 21201 PRIOR TATE TATE TATE TATE TATE TATE TATE TAT	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT W	PED	21e PLACE O	F INJURY (AT HOME, )	211 LOCA STRE		City OR TO	DWN	COUNTY STATE
MEDICAL EXAMINER: OUT THE CERTIFICATE OF SHOULD BE FORK INERAL DIRECTOR: OF SHOULD BE FORK OF SHOULD B			Lies charge af		ribed above, held on Accident Suicid  Control  Accident Suicid  Accident Suicid  Accident Suicid	M.D.	Inspection Homicide TITLE (SPECIFY)  CORESS  Inspection  A control  Control	Undetermined in	nonner .	
2 2 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(	URIAL, CREMATION, R SPECIFY) Burial	EMOVAL 236. [	-27-87	Holly Hil	LLS N	REMATORY  Iem. Pk.	23d. LOCATION	altimore	, comaryland TATE
DHMH - 17 (VR A15 ME (5))	24 F	MERAL DIRECTOR	Eneral	O. HADDRESS	7401 Bolan	R	APR 2	7 1987	AR 256 REGISTR	200

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F-2 - 2 - 12 - 12 - 12 - 12 - 12 - 12 -		July 1991 AND
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ver an eva all the difference		
Martin Till and The American	* (4cs=4c=1)	
	18675	
		Maria Caraldon

# death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the burial-transit permit. Then perwith the State Dept. of Health and Mental Hygiene prior to buring

IMPORTANT: If Hem 21 is marked as them 18 shows any injury, at

DHMH - 16 60M 7/84 (VRA 15, 4)

050262 APR

# STATE OF MARYLAND

1	FOR	DEPA	RTMENT OF H	EALTH AND MENTAL	HYGIENE			
7 0	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 7	REGINO.	101	o .
	GEASED NAME FIRST	MIDDLE	l l	AST	2a. DA	TE OF DEATH MONT	H DAY YE	AR 2b HOUR //
(TYPE	E OR PRINT)  Mary	Aleal	1	lucris		0.	4 08 9	7 120
3 SE		RACE	5. DATE C	OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER T	YEAR IF UNDER 24 HRS
	Fohnole	Black	MONTH			75		DAYS HOURS MIN.
Za Bi	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY? 8	28 11	- 9 BALT	IMORE CITY OR CO	UNTY OF DEAT	Н
	COUNTRY)	11.00	MARRIE	D NEVER MARRIED	7	2. 11.	dan	
80 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NU	WIDOWE O		-	UAL OCCUPATION	10 un	ND OF BUSINESS OR
	2 all	(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)	1. 11		WORK FOR MOST OF WOR		
TISH	AL RESIDENCE (IF NURSING HOME OR O	Baltimore		men Hosp	- B	etined		
13a S	STATE LA COUNT	Y 13c. CITY OR 1		13d. INSIDE CITY LIMITS		EET ADDRESS / ZIP	CODE	
	mn	BaH	imore	YES NO		208 Par	K AUR	21217
14. FA	ATHER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST
	John	Brode		Betty	1723		N	eal
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)	ED FORCES? 166 SOCIAL	ECURITY NO.	17 INFORMANT		ADDRESS		
	No	218-0	7-3427	Janie .	Thorn	DN 8:	32 EIK	ridge Landi
	18 CAUSE OF DEATH (Enter only	ane cause per line far to la (b	1, and ici.		-		BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED IMMEDIATE		o pul	nonery a	erreso			
	IMMEDIATE		OUTNOT OF	2				
	Canditians, if any, which	DUE TO, OR AS A CONSE	TA	CRF.				
	gave rise to immediate cause (a), stating the	2115 10 00 16 1 601161	OURNIES OF					
	underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  A S C V D							
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DIS	SEASE OR CONDITIÓ	N GIVEN IN PAI	RT 1(p)
Z	1 Anemia	(2) Hype	y Huni	- (21	MAN	ITLON		
A	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY? 20b.	IF YES, WERE FI	INDINGS USED
CERTIFICATION					YES	- 46	CERTIFYING CAI	USES OF DEATH?
E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OC				
	OR CONTRIBUTING CAUSE OF DEATH							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211, LOCATION				
WE.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	STREET		CITY OR TOWN	COUNT	TY STATE
	AT WORK		() h	1311	7	001/08	1	- /
	22a.1 certify that (1) this hospital saw the deceased alive an_	1) oftended the deceased tro	01	, 19 0	in death a		19.07	, that (h (we) last
	abave, (1) (we) (did) (did nat)	view the bady after death		nd that in (my) (aur) apir	mon death oc	curred on the date or		
	22b. SIGNATURE	92 1		DEGREE ATTENDIN	IG MEDI	CAL STAFF &	226	DATE SIGNED
/	m	and		PHYSICIA		TOR PHYSICIAN	Ø 17	-18/01
	224 PHYSICIAN'S NAME TYPE OR	PRINT		22e ADDRESS			,	
	111°26	-041						
23a 8	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATO	ORY 23d.	LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	4/14/87	Md. Nat	. Mem. Pk.	2 18	Laurel, M	d.	STATE
24. FI	UNERAL DIRECTOR	4000	de la constant			BY REGISTRAR 25b. R	EGISTRAR'S SIC	NATURE
	Wm™C March F/H W	lest 4300°₩	Wabash A	ive.	APR 1	3 1987	Sin Sind	fon Pandall

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STATE OF MARYLAND

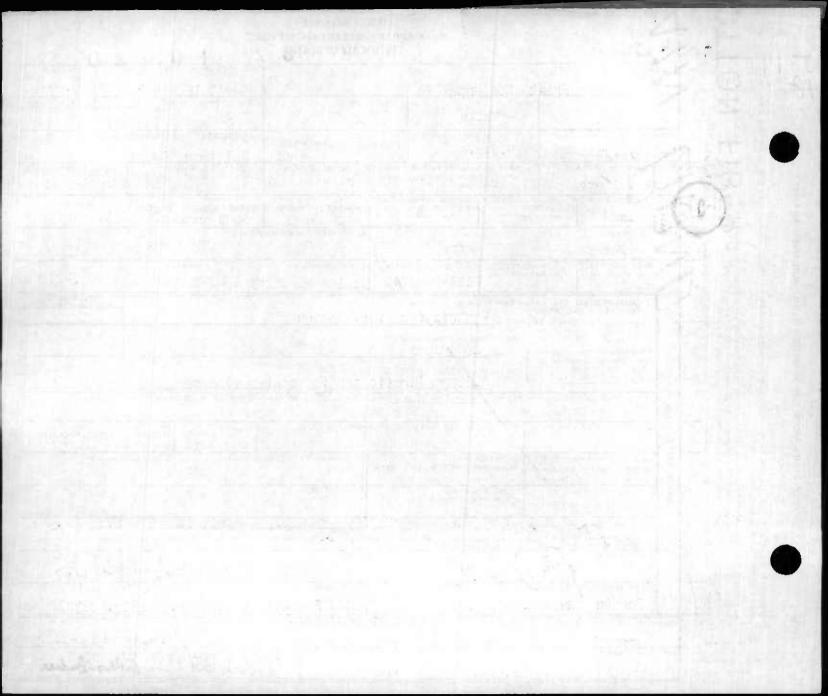
1,-	FOR - STATE REGISTRAR	DEPA		FICATE OF DEATHS	IENE	a n 2	n		
	CEASED NAME FIRST	MIDDLE		LAST	26 DATE OF DEATH		YEAR 2b.	HOUR	
(tire	Frank	k R. HARRY			April 16.	1987	7	26A M	
1. SE		4. RACE	5. DATE O		6 AGÉ (IN YEARS LAST BI	RTHDAY) IF UNDER	TYEAR IF	UNDER 24 HRS	
1	MAle	White		4-20	67	YRS.	0213	Mira.	
7s. B	IRTHPLACE (STATE OR FOREIGN )	L CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	ATH	III SAL	
Pe	nnsylvania	U.S.A.	WIDOW	DIVORCED	Baltimore			MD.	
19	Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST Franklin S			or working LIFE) 12b. I Oyed SEC	KIND OF BU USIRY Urity	Systems		
80035	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN aryland			138 INSIDE CITY LIMITS?	13e STREET ADDRESS 5505 Summ	/ZIP CODE nerfield A	venue	-21206	
THESE	ATHER'S NAME First Peter	Harry Harry		15 MOTHER'S MAIDEN NAM	ME	Novak	LAST		
	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIALS		17 INFORMANT	ADDR	400			
(	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 181-01	-3743	Stella M. Har	ry 5505 Sur	mmerfield	Ave	-21206	
	8 CAUSE OF DEATH (Enter only	y one couse per line for (o), (b)	, and icid		APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED	CAUSE (0) Ventricu	rillation						
Z	Conditions, if ony, which gove rise to immediate couse lo), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT					ADÍTION GIVEN IN P	ART I 10		
ATIC	19a DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO}  \text{\text{}}		
EFC.					YES NOY	IN CERTIFYING C			
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR					
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	OWN COU	INTY	STATE	
19	220 I certify that M. (this hospit sow the deceased alive on above, M. (we) (did) (did ) of	ol) attended the deceosed from	April 87	nd that in (44) (our) opinion (	telephone death occurred on the d			(we) lost ses stoted	
	22b. SIGNATURE	Dall		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		PATE SIG	NED 7	
	22d. PHYSICIAN'S NAME			22e ADDRESS			77		
	Gordon 'Hande'	lsman, M.D.		9000 Frankli	n Square Di	r., Balto.	2123	37	
23e.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	Y	STATE	
	Burial	4-20-87	Garden	s of Faith Cer		more, Mary			
24 F	UNERAL DIRECTOR	ADDRE	:55	25a. DAT	PR 2.1 1987				
	John C. Miller,	Inc6415 Bela	air Roa	d-21206 AT	11 7 1 1201	Julia David	ns. Kon	ance	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove corban attention with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, them

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF BEATH

	1-	FOR STATE		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE	, /s +)		
		REGISTRAR  CEASED NAME FIRST  GRANINT) Geral	_	eanette		LAST /	20. DATE OF DEATH April 16	O. 0 2. MONTH DAY , 1987	YEAR	26 HOUR 5:00P
	3. SEX	Temale	4. RACE White		Jan	DF BIRTH 22, DA 1948 YEAR	6. AGE (IN YEARS LAST B	YRS.	HS DAYS	IF UNDER 24 HRS
Baitimore, Md. USA			WIDOWED ☐ DIVORCED ☐			Baltimore County				
		sville 21237		HOSPITAL, NURSIN		DR OTHER INSTITUTION	126 USUAL OCCUPA (TOTEL FOR MOST	TION OF WORKING LIFE)	NEUSTRY	rance
	USUA 13a S	Maryland 136 Ba	or other institution.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 802 Sue	ZIP CODE Crove Ro	d. 2	21221
	14. FA	THER'S NAME FIRST John H.	Norris,	Jr. EAST		15. MOTHER'S MAIDEN NA.			LAS	л
		VAS DECEASED EVER IN U.S. A (ES, NO PRUNKNOWN) (IF YES, (	ARMED FORCES? GIVE WAR OR DATES)	218 48		Maynard S.	Harsh, Jr.		S	ame
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  (b) Metastatic breast cancer  DUE TO, OR AS A CONSEQUENCE OF  UE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							INI DADI 1	
	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED
	MEDICAL (	OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P. PLACE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	21f. LOCATION STREET	CITY OR T		COUNTY	STATE
		22a.1 certify that (this has sow the deceased alive above, Na (we) (did) (did) 22b. SIGNATURE	not) view the body	e deceosed from 198 ofter death.		DEGREE ATTENDING PHYSICIAN	death occurred on the	AFF _		1
		Chet Wyma	n, MD			9000 Frankl		Orive 21	237	
	23a. B	BURIAL, CREMATION, REMOVA	23b. DATE 4/20			EMETERY OR CREMATORY Hill Memorial	Gardens E	Baltimore	Co.	. Md. STATE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

He hows any injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is marked or them

(VRA 15, 4)

Baltimore Co., Md. yardens

PA 1407 Old Eastern Ave APR 21 PRECISERAR NO REGISTRAR'S SIGNATURE

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# STATE OF MARYLAND

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U	SP. F.	k ty	DOWELC		G 1.	+AS	H, 9	SR.	OF ESTI-	H MANY YEAR 26 HOUR
	ARY, PLEASE DIRECTOR. OUR FILES. V 72 HOURS ON STREET,	3 SEX	1. RACE	7 12	12 YEAR 6 AGE (IN YEAR LAST BIRTHDA	AY) MONTHS	DAYS HO	URS MIN		16 13 19 87 73 M
	AND NEW YORK		THPLACE (STATE OR SEIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER	MARRIED [	9 BALTIMORE CITY OR COU	NTY OF DEATH
	開発の表別	10.	Virginia	USA		WIDOWE			BALTIMORE	COUNTY
	おおおり	III)CII	Y OR TOWN OF DEATH		SPITAL, NURSING HOME	, OR OTHER	INSTITUTION		USUAL OCCUPATION (TYPE OF WORK	OR INDUSTRY
	A Page		VERTIFIA L RESIDENCE (IF IN NURSING HOME OF	6509 1	ACILITY, GIVE STREET ADDRESS)  Kenwood Aver		1237	Ma	FOR MOST OF WORKING LIFE	Crown Cork &
21201	200	130 ST	ATE (136 COUNTY) ATE (136 COUNTY) Balt:	TY	13c. CITY OR TOWN	13	HES NOTE CITY LIE	MITS? 13e	STREET ADDRESS 6509 Kenwood Av	Seal e. 21237
E, MD.	13/	II. FA	THER'S NAME	Jsckson	Hash	1	5. MOTHER'S.  Lydi	MAIDEN N.	MIDDLE	ash
TIMORE	BOSCO -		AS DECEASED EVER IN U.S. AR.		166. SOCIAL SECURIT	Y NO. 1	INFORMAN			ysville,Md.
IT	A TANA N	(AE	S, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217-10-932	24	Lowel	1 G. 1	Hash, Jr. 10918	Hollow Rd.
	10 N T S		18 CAUSE OF DEATH (Enter an	ly one cause per line	e for (a), (b), and (c).)					APPROXIMATE INTERVAL
N ST	EW ENE		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	HOTGUA	uh	OUT	10	Ur ItEM	2
STO	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			DUE TO, OF	R AS A CONSEQUENCE					
7	CIL IN VER A ANSIT AL HY REMO	1931	Canditions, if any, which gave rise to immediate					1.625		
×.	PENC PENC PENC PENC PENC PENC PENC PENC		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OF	R AS A CONSEQUENCE O	OF				
. 201	NO NEW TON			(c)						
RECORDS,	A A B S E S E S E S E S E S E S E S E S E S	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	INAL OISEASE O	R CONDITION GIVE	EN IN PART 3 (d	10.	
VITAL RE	SD "P THEF I USED DF HE RIAL,	CERTIFICATION	19a DATE OF OPERATION	19b. COND	TION FOR WHICH OPER	ATION WAS	PERFORMED	)?		20 AUTOPSY?
OF V	THE WORLD BE CONTROLLO BE CONTR	CER	210. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEAR	21c HOV	V INJURY OC	CURRED (E)	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR	
NO	ARTA OLI TANA		UNDERLYING OR CONTRIBUTING CAUSE OF			`				
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	EXAMINER CERTIFICATI OLD BE FOR DIRECTOR: WITH THE MARYLAND		death resulted from Natu	rol course .	Accident Su	icide X	Homicide	L, U	ndetermined monner,	
	WAY WAY		ACTUAL MM	10/10	nesh		TITLE (SPEC	DUT	y DAT	
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	rupr	GUERI.		DDRESS	13	BLJIMORE /	no 21237
		23a.BU	Burial	4-15-87	Zion Lut		Cemet	erv 23	d LOCATION Baltimore, CO	Maryland
07/84 25M	BP	24 FU	INERAL DIRECTOR		9401 Be	Jaire			BY REGISTRAR 1356 REGISTRAR'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	La	ssahw Funers	Home	BALTO. Md	212	36	APR 1	5 1901 Spilia Dend	vr. Rudals

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#### STATE OF MARYLAND

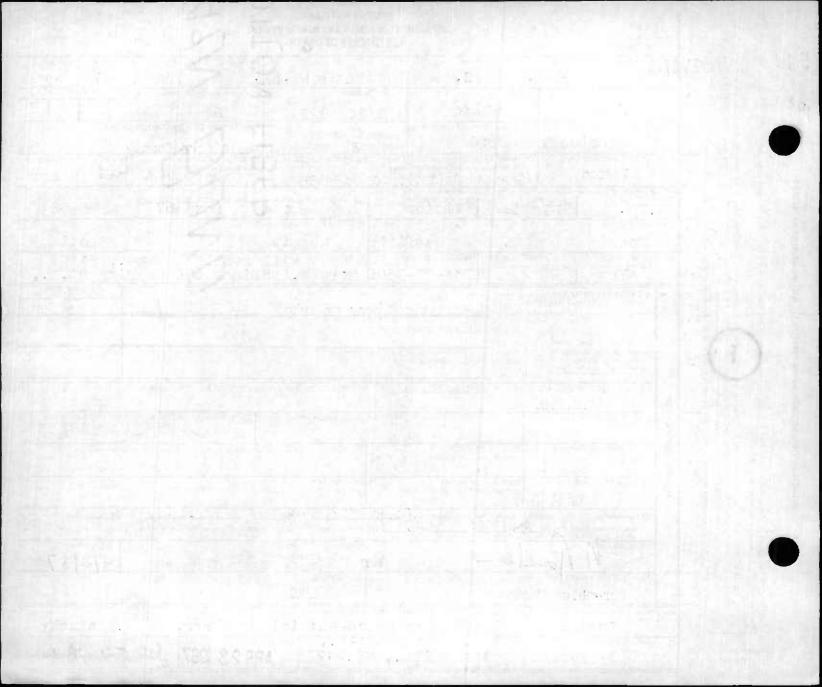
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.		- 24

REGISTRAR			DEPART		ICATE OF DEA	6 2	NE	O REG. NO	0	La .	Ú	
1. DECEASED NAME	FIRST	MIDD	LE	L	AST	2	a DATE OF		HINON	DAY	YEAR	26 HOUR
( TYPE OR PRINT)	Alvin	S			Hatfield	,SI			04	21	87	9.25
3. SEX		ACE		5. DATE C			AGE (IN YEA	ARS LAST BIRTH	HDAY)	_	DER 1 YEAR	IF UNDER 24
Male		Whit	e	MONTH	24/1922	YEAR	6.	4	YRS	MONI	DAYS	HOURS
7a. BIRTHPLACE (STATE	EORFOREIGN 7b. C	CITIZEN OF WH	AT COUNTRY?	8		9	BALTIMOR	E CITY OR			DEATH	
COUNTRY) Ker	rtucky	USA		WIDOWE	D NEVER MARK		Balti	more	Cour	ntv		
10. CITY OR TOWN OF	DEATH 11.			IG HOME C	OR OTHER INSTITUT	ION 1	20 USUAL O	CCUPATIO	N	12		F BUSINESS
TOWSO	2		Balto.	Medica	al Center		Lab		WORKING		oal	Mine:
130. STATE W. Va.	Fayet	1136	CITY OR TOW VI. C TO	'N I	13d, INSIDE CITY L	IMITS?	3e.STREET AL		ZIPCO	DE	125	958
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John	MIDD	E.	Hat	field	Mag	gie		MIDDLE			SCO	tt
160 WAS DECEASED E			SOCIAL SECU	IRITY NO.	17 INFORMANT	Mille	ervil	ADDRES	SS 1	Md.	. 21	108
YES, NO OR UNKNOWN	(IF YES, GIVE WA	(R OR DATES)	34-28-	-7506					Ge	ari	ng C	t.E.
18 CAUSE OF D	FATH (Enter only o				J					T		MATE INTERVA
PART I. DEAT	EATH (Enter only of H WAS CAUSED BY	Y: Mot	tactati.	c Cano	cer of lu	na						nonths
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13. 12.1- 1		DUE TO, OR AS	S A CONSEOU	ENCE OF								
Conditions, if	ony, which	(b)										
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gove rise to couse (o), s underlying co	toting the ouse lost	DUE TO, OR AS			NOT RELATED TO	THE TERMIN	AL DISEASE	or cond	ITION C	SIVEN II	N PART 110	0
gove rise to couse (a), s underlying co	toting the puse lost	DUE TO, OR AS			NOT RELATED TO	THE TERMIN	AL DISEASE	or cond	ITION	GIVEN II	PART 110	0
gove rise to couse (a), s underlying co	significant con	DUE TO, OR AS	RIBUTING TO I	DEATH BUT	NOT RELATED TO		AL DISEASE		205. IF Y	res, we	RE FINDIN	NGS USED
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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit the with the State Dept. of Health and Mental Hygimm prior to MPORTANT: If Item 21 is morked or Item 18 share any retoined by the hospital or attending physicial DHMH - 16 60M 7/B4 (VRA 15, 4)

OR ATTENDING PHYSICIAN. The



#### STATE OF MARYLAND - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE (TYPE OR PRINT) page 3 Reed RAYMOND HAUCK 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 1922 65 MALE WHITE FEBRUARY 70 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED WIDOWED BALTIMORE COUNTY PENNSYLVANTA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD Machinist Glass Factory USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. CITY OR TOWN 21076 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES | NOTE CHESAPEAKE MOBILE COURT MARYT AND ANNE ARINDE HANOVER 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Blickenderfer Hauck RUSSELL FTTA 166 SOCIAL SECURITY NO ADDRESS 160: WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gladys M. Hauck Same as 13e 187 14 4873 VES WWIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARCINOMA, STOMACH IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from MARCH APRIL 87 saw the deceased alive an APRTT. 1 above, (I) (we) (did) (did not) view the body after death 87 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF 4 - 1 - 87PHYSICIAN DIRECTOR PHYSICIAN X MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

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be Se

d b

George J. Gonce

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Burial

CAROLINA CUSTODIO, M.D.

4001 Ritchtes Hgwy Balto Md

72e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Maryland Vets Cem.

REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

VA MEDICAL CENTER FORT HOWARD, MD

23d LOCATION

Crownsville

STATE

Md

External maps.		
Siparia		
VIEW TO THE PERSON AND THE PERSON		
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18 shows any

IMPORTANT: If Hem 21 is marked or Hem

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nmo director, page 3 n 72 hours after death

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE				EALTH AND MENTAL HYGI	IENE			
U	REGISTRAR			CEKIIF	ICATE OF DEATH	REGIN	o. <b>U</b>	25	
	CEASED NAME FIRST MA	RGARET "	L.		HAYES	26. DATE OF DEATH	MONTH 4	DAY 8 YE 187	26 HOUR
	1 Ang	And	L	H	Ayes		4	28 87	130 AM
3. SE	x	N RACE		. DATE C		6. AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
I	FEMALE	WHITE		JUNE	19, 1896 YEAR	90	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
	IRELAND	U.S.	A	WIDOWE		BALTIMO	RE CO	UNTY	MD
10 C	ITY OR TOWN OF DEATH			HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
, F	RANDALLSTOWN				ERAL HOSPITAL	RETAILING		HECHT	CO.
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AL						
I	ARYLAND HOWA		LLICOTT C	ITY	13d. INSIDE CITY LIMITS? YES NO 🛣			K DRIVE	21043
IA F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
1	GEORGE	Harris Harris	McCREER	Y	SARAH			ALLEN	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECURI	TY NO.	17 INFORMANT	9817 <sup>ADDRE</sup>	SLWIC	K DRIVE	
	10	C WAR ON DIRIES	216-07-3	747	LOUISE HAYES				21043
	18 CAUSE OF DEATH (Enter or	ily one couse per li	ne for (a), (b), and (	c1.)					MATE INTERVAL
	PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)	CARDIAC	AR	Mest				age i m e gen
	IMMEDIA		15 1 50115501151	CC 05					
	Canditions, if any, which	DUE 10, OR	AS A CONSEQUEN	CF OF					
	gave rise to immediate	) (6)	3						
	cause (a), stating the underlying cause last.	DUE TO, OR	CO ON CALL						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO			NOT BELATED TO THE TERM	NIAL DISEASE OF CONT	DITION CI	VENT BY DART 1	
Z		-0110110110 <u>CO1</u>	VINIBOTATO PO DE	2111	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	JIIION GI	VEN IN PART TO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YE	S, WERE FINDIN	GS USED
E	4-16-87	color	chrece			VEC D NO W	IN CERTI	FYING CAUSES	OF DEATH?
12	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCURR	YES NO	1	ES D	NO []
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	. MONTH DAY	YEAR		CO (ENTER INATIONE OF INSIDE	HAINEM 18	PART OR PART 2)	
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M		19	211 LOCATION				
ME	WHILE MOT WHILE		T, FACTORY, OFFICE, FAR	M, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK			Al		4			
	220.1 certify that (1) (his hospi	4 . 70	deceased from	4 -					hat (we) last
	sow the deceosed alive an abave, (1) (we) (did) (did no			, or	nd that in (my) opinion d	eath occurred on the do	te and hou	ur and from the c	auses stated
	22b. SIGNATURE	٨			DEGREE			22c DATE S	
	Luch	& a Day	b	WEND	ATTENDING PHYSICIAN	MEDICAL STAF		4-28-	-63-
	224 PHYSICIANS NAME (TYPE O	R PRINT)			22e ADDRESS		-		
	1 TichAq	of the	sephon		Balt Counts 6	ed Hosp, RA	NDALL	STOWN, N	MD.
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BURIAL	5/1/87	WOO	DLAW	N CEMETERY	WOODLAWN		COUNTY	ARYLAND
24. F	UNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR	256 REGIS		
1	EROY M. & RUSSE	LL C. WI	TZKEOFUNE	RAL	HOMES P.A. A	PR 2 9 1987	4	Taridon.	Randale
	1630 EDMONDSON	AV PUNITE	LALUNSVIL	LE	·III. / 1///8				

DHMH - 16 60M 7/84 (VRA 15, 4)

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please employees make state Dept. of Health and Mental Hygiene prior to buriol, craning monoral.

MAPORTANT: If them 21 is marked or them 8 shows any injury, or oth intramment empt, the medical examiner must be notified about the monoral prior of the medical examiner must be notified about the monoral examiner.

05021

STATE OF MARYLAND

-	R.Q. NO.	2	0
1	REG. NO.	Cine	~

	FOR T=# STATE	DEPARTN	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE	2.6
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	TH DAY YEAR 2b. HOUR
	(TYPE OR PRINT)	ELLE E.	HEIL	4	-11-87 9-am
	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
-	Female  7a. BIRTHPLACE (STATE OR FOREIGN	White 75 CITIZEN OF WHAT COUNTRY?	July 19, 1897	9. BALTIMORE CITY OR CO	YRS. PEATH
-	COUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	, , , , , , , , , , , , , , , , , , ,
1	10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,) Stella Maris	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemake	126. KIND OF BUSINESS OR INDUSTRY
0	USUAL RESIDENCE (IF NURSING NOME OF 130. STATE 136 COUL		ADMISSION) (N 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP 638 E. 36th	St., 21218
1	FATHER'S NAME FIRST Frank	Markert Markert	15. MOTHER'S MAIDEN NA Mary	AME	Kran
2		VE WAR OR DATES)		ADDRESS	2.1. 1.15
6	No	212 01	7721 Mrs. Mary	Bartlett, E	Balto., MD
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b) Electro  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART I (a)
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	OR COLUMNIA CALLES OF OR	ATH HOUR A.M. MONTH DA	21r. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN IT	EM IB PART I ORPART 2)
	GIF CONTINUE TO COLORED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET PACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased plive or	oitol) ottended the deceosed from	12/3 , 19 86 7 , and that in (my) 600 opinion	death occurred on the date of	nd hour and from the couses stated
	22b. SIGNATUR	3	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	April 11.987
	22d. PHYSICIAN'S NAME THE		22e ADDRESS 2.3	100 Dulancy 1	Valley Road
	Eddie 1	Vakhuda, Mi	) STE//	a /1 arts	7,
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR Henry	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY Holy Redeemer Sons Co. 1250. DA	23d. LOCATION CITY OR TOWN Balto.,  TE REC'D. BY REGISTRAR 256.R	COUNTY MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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4-11-87 9 2	I = +	. 1 31	I
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LG . (LY) :., 111	×.	.c:1	C
ue.v.ii	/7-	the help	Frince
ertlatt, Elto., NO	E1 Nr. VEry	219 01 77	cA
the transfer		3 11/2	
the state of the s	101	Constant	
E-1:5.	Lefton en on Jo. 1116	111/27 Ho 12/11/27 Ho 12/150., NO	uni=1 Fen 1 E Yen Fo

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н			STAIL	UF MARTLAND				
ı	FOR STATE	DEPA		EALTH AND MENTAL HYC	GIENE			
Ь	7 REGISTRAR		CERTIF	ICATE OF DEATH	REG. Q	0 2	1	
fi	DECEASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
	TYPE OR PRINT)						11	26. 1100K
L	ELEANOR	В,	HELIN	SKI		04 20	87	8:50P
3	3. SEX	4. RACE	5. DATE C		6. AGE TINYEARS LAST BIR	THDAY) IF UT	HS DAYS	IF UNDER 24 HRS
ı	Female	White	MONTH O1		64	YRS.	HS. DAYS	HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8.		9. BALTIMORE CITY O		DEATH	
L	COUNTRY)	TT C 7		NEVER MARRIED		- 1		
4	Penna.	U.S.A.	WIDOWE		BALTIMORE			MD.
Г	II. CITT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		NDUSTRY	F BUSINESS OR
L	TOWSON	GBMC - 6701	N. CHAR	LES STREET	Office Mar	nager	Auto.	. Dealer
Ţ	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE			MAL ENGINE CITY HAVING	In Caber voores	710 CODE		
ľ		timore Baltim		13d. INSIDE CITY LIMITS?	9504 Dunday		2123	36
. 1	4. FATHER'S NAME			15. MOTHER'S MAIDEN NA		vaii iu.	212.	30
T	FIRST	WAR TO THE TOTAL PROPERTY OF THE TOTAL PROPE				Kalaman		
4	John						WATCHING.	211
1	60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL S VE WAR OR DATES!						
L	no	217-16	-7831	Thomas J.	Helinski, S	c. same	addre	ess
F	18 CAUSE OF DEATH (Enter or	alu ann ann an lan far la Vila	) and (a) )			T	APPROXI	MATE INTERVAL ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	D BY					BETWEEN	ONSET AND DEATH
ı	IMMEDIA:	TE CAUSE (o)SE	eizure					
ı		DUE TO, OR AS A CONSE	EQUENCE OF					
ı	Conditions, if ony, which	( Adenoid	d Cystic	CA tongue a	and cheek			
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
1	underlying couse lost.	DUE TO, OR AS A CONSE	COUENCE OF					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
ı		LONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PARI III	3,
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
1	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?		
1	£ L			YES NO	YES [		NO 🗌	
	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM IB PART I	ORPART 2)	
			DAY YEAR					
1	OR CONTRIBUTING CAUSE OF DE.	21e. PLACE OF INJURY	19	211. LOCATION				
Н	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT WORK		0.70		0/. /20		97	
Н	22a I certify that (I) (this hospi		om 01/2	0 19 87	/04/20	, 19_	01	that (I) (we) lost
1	d from the	couses stated						
sow the decessed alive on U4/20 19 8/ , and that in (my) (our) opinion death occurred on the date of above, (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE DEGREE								SIGNED
Т	TAD X		la.	ATTENDING PHYSICIAN I	MEDICAL STAF		4	20-87
4	22d PHYSICIAN'S NAME (TYPE C	~		PHYSICIAN [	DIRECTOR PHYSIC	IAN [X]		20-01
	ZZU PRISICIAN S NAME (TYPE C	M PRINT)		ZZE. ADDRESS				
	Ruth, John			6701 N. ch	arles St			
2	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BURTAT,	4/23/87	Gardens	of Faith	Baltimo	re co	YINU	Md STATE
2	A FUNBOHIMUNEK FUNI				TE REC'D. BY REGISTRAR		SSIGNAT	LIDE
1	SCHIFTCHER FUNI	Palto Ma ADDRI	ราวา	AD	D 0 / 1097	A REGISTRAR	JUNA	200

DHMH - 16 60M 7/84 (VRA 15, 4)

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9/05 Betair Rd., Barto. Pd. 21230

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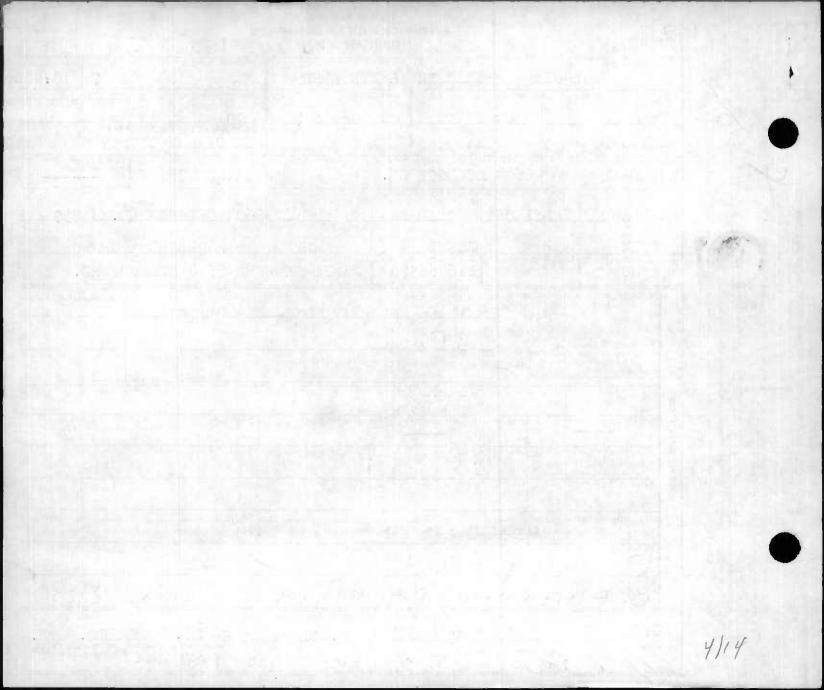
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH 10028

		REGISTRAK			di J	REC. NO		- U		
/		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1 20 //	11176	LOUIS	SE ELIZABETH	HEI	LDORFER		04	06 87	10:00an	
00//	3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	(YADHY)	MONTHS DAYS	IF UNDER 24 HRS	
7 8	F	FWALE	CAUCASTAN	MONTH 02	06 1897	90	YRS	MONTHS DATS	HOURS MIN.	
2 6			76. CITIZEN OF WHAT COUNTRY?	0		9 BALTIMORE CITY O		Y OF DEATH		
1 15 15	MA	RYLAND	USA	WIDOWE		BALTIMOR	RE CO	DUNTY	MD.	
100		TY OR TOWN OF DEATH SEDALE	11. NAME OF HOSPITAL, NURSIN 8604 SUDELEGGE		or other institution	HOUSEWI			F BUSINESS OR	
filled in fulled in fulled be	13a S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 130 CITY OR TOWN TIMORE ROSEDA	Ν	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / 8604 DETJE			237	
(30)		THER'S NAME JOHN	RUEHL		15 MOTHER'S MAIDEN NAM	MADET	TNE	NEUN		
N TOP	16e V	AS DECEASED EVER IN U.S. AR		70 RITY NO.	17 INFORMANT	WNEN 8604 DELEGGE RD.				
og physical tompopera removal c event, the		PART I. DEATH WAS CAUSED	E CAUSE (a) Candus	120	pirators	arrest		BETWEEN C	MATE INTERVAL ONSET AND DEATH	
that the death of by the alternal lease received or other traument		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ge						
signed hen pli to buri	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	M &	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GI	VEN IN PART 110	1	
he low re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH		N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES ES []		
Class: T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR PART 2)		
off chirs off chirs shi ba shi ba rkedon li	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	ARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
ATTENDIN spitol or CTOR: Af A for use o of Health		sow the deceased olive on above, (1) (we) (did) (did nat	al) attended the deceased from	ago,		, to death accurred on the do	ote and ho	ur and from the		
the har of the har beloched detoched ate Dept.		BOSHO	uphan	001		DIRECTOR PHYSIC		Th. DATE	SIGNED	
O HOSFITAL Insided by the house be de-		B. PHA	ROANIM	B	4744A		2 8	S. 65	1236	
BP	В	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N 04/08/87 Z		EMETERY OR CREMATORY  LUTH. CENETI			BAITO		
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	INERAL DIRECTOR	ADDRESS D.II	Clesne	A	PR 9 1987	25b. REGIS	TRAR'S SIGNAT	Randall	



	1			STATE OF MARYLAND		
e1000	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
21483 AR	0	REGISTRAR		CERTIFICATE OF DEATH	REG NO.	3 . 3
n#		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	AR HOUR
4 80 00 00 00 00 00 00 00 00 00 00 00 00		Patr		Henley	4 7	28 87 M
1 4	1, 58	X	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
- 2 95		Female	Wnite	3 14 20	67 YRS.	
1 2 ×10	76.8	INTHELACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 17 /4/		Tenn.	U. S. A.	WIDOWED DIVORCED	Baltimore TT	
1 11 11	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY
0 5100		Balto.	5160 Balto. 1	Tat'l. Pike	Housewife	
2 4 47 674	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COD	NTY 136. CITY OR TOW	ADMISSION) N \$13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	#21229
4 C 100	1_	Md. O	Alto. Balto.	YES NO NO	5160 Balto Na	at'l.Pike
1 10	K	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N.	AME	LAST
1 100	4	Charles	Smith			Arp
20 0		WAS DECEASED EVER IN U.S. AT YES NO OR UNKNOWN; (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT 5160	Balto.Nat'1.1	Pike-Balto., M
MI A STATE OF THE				Mrs. Nona K	irkland	#21229
1 1 117		18 CAUSE OF DEATH Enter a	nly ane cause per line far (a), (b), an	dicti		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS do b			TE CAUSE (a) KESPIK	PATORY ARRES	57	
0 to 0 to 0 to 0		E L'EUNE	DUE TO, OR AS ACONSEQUE	NCE OF		100000000000000000000000000000000000000
des des controls d		Canditians, if any, which gave rise to immediate	( b) DREAT	BT CANCER		
7 4 4 1 1 2		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		The state of the state of
or of the or			( <sub>(c)</sub>			
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The Igns requires 16 otherding physician. Ifter the certificate has been signed it in the broad-transit premit. Their pleath one Merital Hygierne pinor to bursal orked or them 18 show-kapy injury, or a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tra
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FICATION	19g DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED
NE PER PER PER PER PER PER PER PER PER PE	FIG.	THE DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
A de disease	CERT	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21/ HOW INTURY OCCU	YES NO YE	S NO
A STATE OF THE STA		OR CONTRIBUTING CAUSE OF DE		AY YEAR	THE CHIER NATURE OF INJURY IN HEM IS P	ART I OR PART 2)
N S S S S S S S S S S S S S S S S S S S	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.  21e PLACE OF INJURY	19 2H LOCATION		
Si Hall the of	A B	SHIELD NOT WHILE TO	(AT HOME STREET, FACTORY OFFICE F		CITY OR TOWN	COUNTY STATE
PIN A PIN OF			ital) attended the pleceased fram_	12/81	4/16	
A 1 8 5 1 1	13	saw the deceased alive ar	4/10 19.5	and that in (my) (aur) apiniar	death accurred an the date and hav	19 that (I) (we) last
A Q D P P F		abave, (1) (we) toid (did no	y view the body atter death.	DEGREE		2% DATE FIGNED /
01 030 1		1/1	an)	AA ATTENDING	MEDICAL STAFF	1//20/57
AT A STATE	1	274 PHYSICIAN YNAME THE	of Panel ;	220 ADDRESS	DIRECTOR PHYSICIAN	7/21/01
HOSPITAME BY AND		100004	M. HAGGORY	WAN TILE C	ON NO WOLFE	CT RMT 212
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	122	1 1 melli	11 THOOLICE	TWIN THOU W	00	31. PALL LIL
DD.		BURIAL, CREMATION, REMOVAL	the second second second	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
ВР	74.5	Entombment		oudon Pk. Cemete	TE REC'D. BY REGISTRAR 256. REGIST	Md.
DHMH - 16 60M 7/84	G	Truman schwa		.Nat'I.Pike	_ / .	Tinder Pudde
(VRA 15, 4)	-		#21220		VAK'S BOLL	Provide Assessment

1.0 THE ST A VITABLE OF LE CONTRA and the test of the october was an added to the other Courtes Smith Rona Mrs. Jose, Kirid and Fri 228 Entophent 6-50-67 condon Dr. Conetery Salta. ... id. Numer of wat 5151 Salto! letter dawno. annum . ... the state of the state of the

STATE OF MA	RYLAND
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1 6 2 2 1 2 1 2		20 to		STATE OF N	MAKYLAND			
002210111	ji.	FOR	DEPAR	TMENT OF HEALTH CERTIFICAT	H AND MENTAL HYG	1 0	0 2 0	
I	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	12AST	roi prug.	REG DO REGIO	D. U G U	e las Hovin
hay be page 3		OR PRINT) John	Anthony	Herol	.d	April 28	, 1987	2:00 A
ge 4 ma) ector, pa	3. SE	Male	4 RACE White	July 2	P 1901	6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS AYS HOURS MIN.
ath. Pog 772 hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	% 8. MARRIED X	NEVER MARRIED DIVORCED	Baltimore city o	ore City	
s ofter de by the fun filled withing of		altimore	11. NAME OF HOSPITAL, NURS 124 A DUMBO	ING HOME OR OTH	HER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	lerk-Air	
AND 212 24 hour filled in could be	13a	AL RESIDENCE HE NURSING HOME OF STATE Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM	nore 13d II	NSIDE CITY LIMITS?	13 STREET ADDRESS	mbarton	ts & Mnf Rd.,2121
MARYL, ampletely ond 2 sh	14. F/	John	A. Herôld	d	Marion	MIDDLE	Jo	nes.
IMORE, on execution and co. Pages I		VAS DECEASED EVER IN U.S. A YES, NOT BUNKNOWN) I IF YES, G				Marte Absention Rd.		Md.21212
or W. PRESTON ST., 8 is that the death certificated by the affending phy lease remove cosbospoicial, cremotion, or remove or or endor or affer traumotic event		Conditions, if any, which gove rise to immediate cause to1, stating the underlying cause last.	DUE TO, OR AS A CONSEQ		ensis)	Mand	n Aster	isi
squires squires from p to bury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT F	RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PAR	I Ito
the law reprint.	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WA	SPERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
NG PHYSICIAN: The law required that the this certificate has been so as the burial-transit permit. This hand Amanal Hygiene prior to arked at Item 18 shows any injurated at tem 18 shows any injurated.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART	2)
DIVISION ING PHYS T offer this as the bu Ith and M arked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	LOCATION	CITY OR TO	WN COUNTY	STATE
ATTEND ospital a section of far use to a feed for use to a feed m 21 is m		sow the deceased alive o above (H) we) (did) (did n	oital) attended the deceased from  19  101 New the body other death	87 and that		death occurred on the		
AL OR the hy the hy (AL DIRE detoche ote Dep VIT. If the		276. SIGNATURE	m mith	DEGRE ME	ATTENDING PHYSICIAN	MEDICAL STAF		4-28-87
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DHMH - 16 50M 4/83

(VRA 15, 4)

15 PECEPT Burial 4/30/87 Oak Lawn Cemetery Baltimore, Maryland 124 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Hömpote Recd. By REGISTRAR 250 REGISTRAR 250

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STATE OF MARYLAND

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1	REG. NO.	60

	1-	FOR STATE -REGISTRAR		DEPARTN		EALTH AND MENTAL	HYGIE	NE RO.	0 3	1		
	1-DEC	CEASED NAME FIRST	13.71.2	MIDDLE	L	AST	2	e. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
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1	3 SEX	(	4. RACE		0.0			AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
		FEMALE	WHITE	Ξ	FEB	. 28,1899 YEAR		88	YRS.	IVITIS DATS	MIN.	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9	9 BALTIMORE CITY OR COUNTY OF DEATH				
)		MARYLAND	USA		WIDOWE			BALTIMORE COUNTY				
Ā	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12	TYPE OF WORK FOR MOST	ION OF WORKING LIFE)	12b. KIND O	F BUSINESS OR	
1		PIKESVILLE	PIKES	VILLE NURS	SING I	HOME		HOUSEWIFE		HOMEM	AKER	
1	13a S			GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  BALTIMORI	N	13d INSIDE CITY LIMITS	5? 13	e.STREET ADDRESS 7203 CHAL		DR.#A	( 21208)	
X	I4 FA	THER'S NAME	WIDDLE	LASI		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS		
		MORRIS	MIOUEL	RIFKIN		NOMA				OLDBER		
1		VAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS	(	21209)	
	(,	NO NO	VE WAR OR DATES	214-20-4	430	MRS. SHIRL	EY S	SANDLER 66	34 SANZ	ZO RD.	Apt. E	
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per ED BY: TE CAUSE (a)	r line for (o), (b)	lici.)						MATE INTERVAL ONSET AND DEATH	
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								V IN PART III	01	
)	CERTIFICATION	19a DATE OF OPERATION	ITION FOR WHICH	R WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D					
1	RTIF							YES NO YES NO			NO 🗌	
)		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A		Y YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF IN)	JRY IN ITEM TB PAR	T I OR PART 2)		
	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	1	CITY OR T	DWN	COUNTY	STATE	
		27a.   certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	4/	19 8	701	nd that in (pay) (our) api	7.5 inion dec	to 7/11	Jote and hour		that the (we) lost couses stated	
		27b. SIGNATURE	lh	un any	DEGREE			MEDICAL STA	IFF CIAN []	224 DATE 4/	SIGNED 11/87	
		22d. PHYSICIAN'S NAME (1YPE OR PRINT)  LEON SCHEER				22e ADDRESS 6715 PAR	RK HI	EIGHTS AVE	BALTO	O., MD	. (21215)	
		SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		100		ZION CEM	ORY	23d LOCATION CITY OF TOWN ROSEDALE	BALTO	COUNTY	STATE	
	24. FU		EVINSON OWN RD.	& BROS.		25a.	APF	REC'D. BY REGISTRAI			TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. hould be detache with the State Dep

TO HOSPITAL

WPORTANT, If Nem 23 is morked go

re this certificate has been signed by the ottending physicion the burst training early. Then please remove corbon papers. Pand Mental Hyperer prior to bursol, cremation, or removal.

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	1	Item #13c	, 13e, Film #G6	STATE	OF MARYLAND	1			
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noy be poge 3		CEASED NAME PIRST	all B	+	ST	20. DATE O	F DEATH M	H 8 87	26 HOUR 144 AM
ge 4 moy ector, po irs after d	3 SE	Male	Black	5. DATE O		6. AGE (IN	YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
th. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED WIDOWE	NEVER MARRIE	D - 1 Ra 14	imere	County OF DEATH	MD.
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AND 22	130	AL RESIDENCE (IF NURSING HOME OF STATE HA	VIY A 136 CITY	OR TOWN  Balto	138. INSIDE CITY LIM YES NO [	9 10	ADDRESS /	ZIP CODE	207
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on ond con Poges, reduced in		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCI VE WAR OR DATES) 218	-24-5797	Donna	Hill Star	ADDRES	6000 Park	Heights
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he depth ceri		Conditions, if any, which	DUE TO, OR AS A CO		BY OISEAS	E		41	es.
that the d by the ease remove of, crem		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	NSEQUENCE OF			10		
y, or	NO.	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEAS	E OR COND	ITION GIVEN IN PART 1	a
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUT	OPSY?	206 IF YES, WERE FIND! IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rathending physicion. When this certificate has been sign st the buriol-tronsit permit. Then th and Mental Hygiene prior to be orked or flem. 18 shows any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY (	OCCURRED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
DIVISION OING PHYS or attendin After this e as the bun althond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET		CITY OR TOW	N COUNTY	STATE
ATENDIA spiral or CTOR. A for use of Heal		220.   certify that (this haspi sow the deceased alive on abave, (we) (did) (did)	2.10.87	19 an	d that in (a) (aur) c	apinion death accurre	ed an the dat	e and haur and from the	that (1) ( lost couses stated
he he		Char Allema	MINI	M	DEGREE ATTENE	DING MEDICAL	STAFF		SIGNED
TO HOSPITAL Or PRODUCED by the Trebuind by the Trebuild be detected with the State DimPORTANT: If		TA OADISM	AN OR MO		ZKNOL N	TETH OR, C	CLUMB	in MID ZUAS	5
BP. SA		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4/11/87		Forest V	et 0	wings		Mgvie
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Im. C. March F/I	H 4300 Wabas	Sh Avenue		A byle set D3s	987RAR 2	SHREGISTRAP'S SIGNA	Kandale

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME FIRST CHARL		G.	1114	LEN	0 3 - 10	- 87	QUIAR 0	850 AM		
	3. SEX	m	4 RACE	B	DATE O		6 AGE (IN YEARS LAST BIR	YRS.	INDER I YEAR	IF UNDER 24 HRS		
)	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEL			D W NEVER MARRIED D	NEVER MARRIED			OR COUNTY OF DEATH  MD.		
		TO WSON	SHOT IN SUC	HEACILITY, GIVE STREET ADD	HO .	SPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	OF WORKING LIFE)	INDUSTRY	BUSINESS OR GOV't		
1	13a. S	Md.   8	NTY	GIVE RESIDENCE BEFORE AD.	MISSION)	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE ANEY U	JACLE	y Rr		
V	1	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	,	LAST	121204		
13		larence /AS DECEASED EVER IN U.S. AF	E.	Hillen  1166 SOCIAL SECURIT	VNO	Anna 17 INFORMANT	M.		Iill			
	IY		VE WAR OR DATES)	212-01-78		Ms. Gwendol		Balto.	urley	21207 Lane		
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUENT  R AS A CONSEQUENCE  CONTRIBUTING TO DEA	CEOF	Los terro	INAL DISEASE OR CON	DITION GIVEN	IN PART Ito			
7	CERTIFICATION	19a. DATE OF OPERATION	.19b. COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	ERE FINDING G CAUSES (	GS USED OF DEATH?		
1	MEDICAL CER	?   0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	FINJURY M. MONTH DAY M.	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)			
	MED	ZId. INJURY OCCURRED  WHILE DISTORMED  AT WORK AT WORK	21e, PLACE LAT HOME STO	OF INJURY REET, FACTORY, OFFICE, FARM	i, ETC)	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE		
		22a.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	3-1	-87 19	3 ~	nd that in (my) (our) apinion d	leath occurred on the di	6	0 /	hat (I) (we) last auses stated		
		22b. SIGNATURE	24	ance.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		3-1	GIGNED 6-87		
		22d. PHYSICIAN'S NAME (TYPE OF	DR PRINT)  I PA	KCHI.	FA,	22e ADDRESS	SCEN I	J. Harling	; 2	11204		
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION	110	DUNTY	STATE		
		Removal	3-16-	87								
	24 FU	INERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR	256. REGISTRAR	'S SIGNATU	JRE		

DHMH - 16 60M 7/84 (VRA 15, 4)

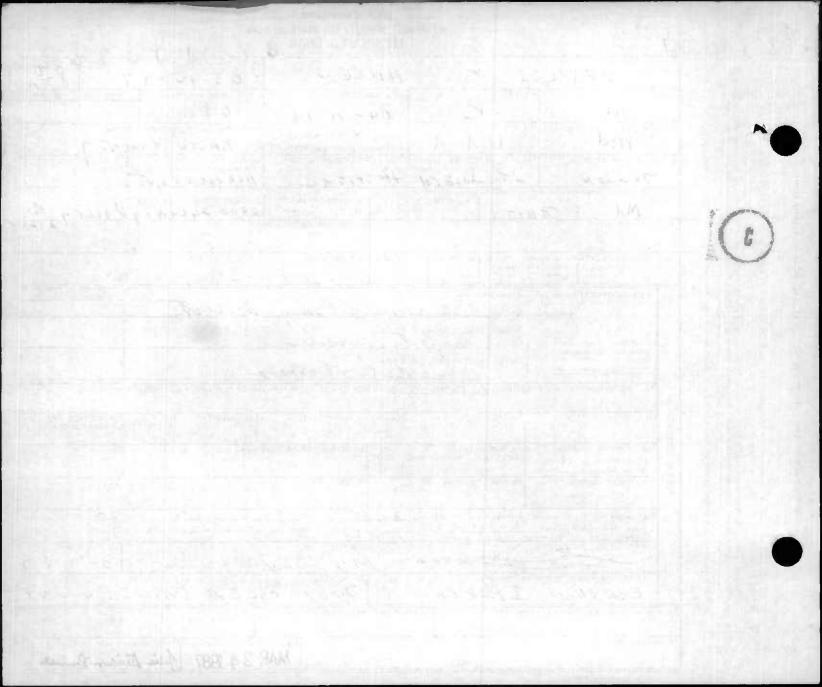
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State Anatomy Board

Balto., Md.

MAR 24 1987 Julia Devidson Randallo



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	• w <del>=</del>			CEASED NAME FIRST		WIDDLE		AST	2a. DAT	E OF DEATH	монтн 04	12	87	26 HOUR 11:45A
05	0642	IPR	3. 3E)	JOHN 7	4 RACE	Cooney	5. DATE C	HENBRINK	6 AGE	(IN YEARS LAST BIR			O /	IF UNDER 24 HRS
	4 000			Male	Whit		MONTH	DAY YEAR				MONIH		HOURS MIN.
	dre dre	11	7 BI	RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	8	ber 14, 1921	9. BALT	65	R COUN		EATH	
	1.46	1		Ohio	USA		MARRIE	DIX NEVER MARRIED DIVORCED	BAJ	TIMORE	COU	NTY		MD.
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1120	THE STATE OF	5		L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	E ADMISSION)						Manu	Hacturing
BALTIMORE, MARYLAND 2120	1 16	247		Maryland   Bal	timore	Cockey		13d. INSIDE CITY LIMITS?		ET ADDRESS /			Roa	id, #21030
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ORE,	xecul ges. L	1		(IF YES, GI	VE WAR OR DATEST	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT WIFE	e:	ADDRE	SS	-		
TIM	S. Po	E		Yes W	/W2	284-18-3		Mrs. Anna	M. H	phenbri	nk.	1081	Sar Sar	ndringhan
BAL	ysica open		7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	nly one couse pe	er line for (o), (b), on	A COTT	Road, Coar INSUFFICE	ckeys	ville, N	1D 2	1030	BETWEEN C	MATE INTERVAL INSET AND DEATH
ST.,	ng ph bong reme	D	bo		TE CAUSE (o)_	CARDIO	ASCUL	AK IMBUFFICI	ENCI				_	
W. PRESTON ST	oth c ending	DE C		C19 1	DUE TO, O	ARRHYTH	MIAS							
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	that the by the asserted I, cree			underlying couse lost.	DUE TO, (	CORONARY	ARTER	Y DISEASE &	CHF					
DIVISION OF VITAL RECORDS, 201	requires t	1	NO	PART 2. OTHER SIGNIFICANT ASCITES.		FAILURE	DEATH BUT	NOT RELATED TO THE TER	MINAL DIS	EASE OR CON	DITION	GIVEN IN	PART 110	31
COR		10	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 A	UTOPSY?				IGS USED OF DEATH?
AL RE	a co	4	TIFE						YES	Дои С	III4 CER	YES [	CAUSES	NO [
VII.	AN: J hysic ficult fro	0/3		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENT	ER NATURE OF INJUI	RY IN ITEM	18 PART 1 C	OR PART 2)	
Ö	SICIA ng ph certifi uriol-tr		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) 1	P.M.	19				III.			
ISIO	Tage + ep	0	MED	21d INJURY OCCURRED		E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	(	OUNTY	STATE
2	After OS 1	a x		AT WORK	(A=0) = AA===d=d=d=	N		3-31	87	4-	12	10	87	ab = a (1) (max) lead
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	R ATTI hospit RECTC spt. of	E		obove, (I) (we) (did) (did n THE SIGNATURE	ot) view the bod	ly ofter deoth		DEGREE					22c. DATE	SIGNED
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	- 0 - 0 - 0	Š		TNA JOUBERT	, M.D.			GBMC- 670	I NOR	TH CHAR	LES	ST.		
	다 한 다 차 3	3		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d L	OCATION CITY OR TOWN		COL	INTY	STATE
	BP			Burial	Apr.1	7	estvie	w Mem.Park						, Marylan
	DHMH - 16 60M 7	/84		INERAL DIRECTOR Mary	index	aus ANDRESS	T	Imonium	PR 1	4 1987				URE COLORS
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FOR STATE

STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CERTIFICATE OF DEATH										

PARTMENT O	F HEALTH	AND	MENTAL	HYGIENE
CERT	IFICATE	OF	DEATH	7

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OF DEAT	н момтн	DAY	YEAR	2b H

Inn	REGISTRAR			CENTIFIC	CALL OF DE	9" /	REG. N	10.0	~			
	CEASEDJNAME FIRS	ST	MIDDLE	LAS	T	3-71	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR		
LIAP	PE OR PRINT)	arie Adla	ide HOLS	TON			April 6.	1987	₹	5:50A M		
3 SE	X	4 RACE		5. DATE OF			6. AGE   IN YEARS LAST BE		F UNDER 1 YEAR	W. J. W. W. I.		
	Female	Whi		MONTH //	72	VEAR O	77	YRS.	ONTHS DATS	HOURS MIN.		
2a B	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIED	□ NEVER MA	ARRIED .	9. BALTIMORE CITY	OR COUNTY C	OF DEATH			
	Maryland	u.S.	4.	WIDOWED	ECK DIVO	ORCED 🗌	Baltimore	County	/	MD		
1	Rossville	(IF NOTHIN SUC FRO	HOSPITAL, NURSING	ore Ho	other institus	UTION	120. USUAL OCCUPAT TYPE & WORK FOR MOST Retired	INDUSTRY	DE BUSINESS OR DEWORK			
130.		Batimore	13c. CITY OR TOWN	le 1	3d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS	/ ZIP GODE	ue 212	237		
14. F.	ATHER'S NAME Charles	WIDDIE	Crusse		s. MOTHER'S /	Hleen	MIDDLE		ynch '	51		
	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMAN	T	ADDR	ESS				
	No   214-30-5623 (arl D. Holston 1312 Spring A											
	APPROX	ONSET AND DEATH										
1												
	Male Co. U.											
	Conditions, if any, which		R AS A CONSEQUE	NCE OF								
	gove rise to immedia cause (o), stating the	te	R AS A CONSEQUE				****					
z	N IN PART 1	a.										
CERTIFICATION	190. DATE OF OPERATION	TINK COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a AUTOPSY? 20b. IF YES, V				
15	140. DATE OF OPERATION	140. COND	TION FOR WHICH	DERATION	WAS FERFOR	MED		OF DEATH?				
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10.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		M. MONTH DA	Y YEAR	ZIC HOW IN JU	JRY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)			
S	(IF EITHER NOTIFY MEDICAL EX		M.	19								
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION	1	CITY OR TO	OWN	COUNTY	SLATE		
>	WHILE NOT WHILE	]	CELL, FACTORY, OFFICE, FA	KM, ETC.)								
	220.1 certify that K (this	hospital) attended th	e deceased from	larch	13,	19 87	April 6	, 10	<del>, 87</del>	that <b>K</b> (we) las		
	saw the deceased ali	ve an April (	1901		that in (my) (c	our) apinion de	eath occurred on the c	ote and hour	ond from the			
	above, (Ir (we) (did) (e	d dot) view the body	atter deoth.	DE	GREE				22c DATE	SIGNED		
	ATTENDING MEDICAL STAFF									/87		
	Ramona C				Ph	YSICIAN [	DIRECTOR PHYSI	CIAN	4/0	707		
F.	276. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS							
R. Chube MD. 9000 Franklin Square Drive,									21237			
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION												
	ISPECIEY) Burial	4-09-	87 0	ak I an	in Como	tenu	Eastinon	1 Bolt.	COUNTY	STATE STATE		
24 FUNERAL DIRECTOR							256 DATE REC'D. BY REGISTRAR 256 REGISTRAR 3 SIGNATURE					
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	ASE ES. ET,	Sa. A span	Selenai	Mark		Philli	ip	Ho	ood			OF ESTI-		4 15/9 8	7
	NEGESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MATHIN 72 HOURS. W. PRESTON STREET,	3. SEX		RACE Vh ite	May 16.	YEAR	6. AGE IN YEA	MONTH		IF UNDER 1		PRONOUNCED DEAD	монт	1 15 19 8	7 · 0
	AAL DAIL	7a BII	THPLACE (STAT		76 CITIZEN OF W	-		8		VER MARRIE	- 17	9 BALTIMORE CI	TY OR COU		/   /
	NEGESSA FUNERAL S FOR Y WITHIN	M	aryland		U.S.	Α.		WIDOW		DIVORCE		Baltimo	re Co	untv	AA
	SERE	10 Cr	Y OR TOWN OF Randal		11. NAME OF HO	ACILITY, GIVE STR	EET ADDRESS)				FORM	AL OCCUPATION NOST OF WORKING LIFE)	(TYPE OF WOR		BUSINESS STRY
21201	NAY DEL	USUA 13a S1	L RESIDENCE (IF	IN NURSING HOME O		13c. CITY	OR TOWN	ON)	13d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRESS	2	21136	
0.21	S S A A A A A A A A A A A A A A A A A A	14.54	Md.	Bal	to.	Reis	tersto	wn	YES .	NO X		Walgrov	e Rd.		
RE, MI	EATH.	-	John		WIDDLE	Н	ood		F	R'S MAIDEI IRST Ardith		MIDDLE	Hood		
BALTIMORE	S AFTER DEATH. IF ANY DELAY SIVE PAGES 1, 2, AND 3 TO I THE FORM PAR 3. RETAIN PA AGES 1 AND 2 SHOULD BIF ISSON OF VITAL RECORDS, 2	16a. W (YE	AS DECEASED I S, NO, OR UNKNOW!	EVER IN U.S. ARA N) (IF YES, GIVE	MED FORCES? WAR OR DATES)		AL SECURIT		John			Walgrov sterstow		21136	
	S S S		18 CAUSE OF	DEATH (Enter and	ly ane couse per line						1101	BUCIBOOM	229 2200	APPROXIM	ATE INTERVAL
ONS	H (STATE)		PARTIDEA	TH WAS CAUSED IMMEDIAT	TE CAUSE (a)	7	tion p		onitis	3					
PRESTON ST	Z Z Z Z Z Z			if ony, which	DUE TO, OR	Menta	l reta		ion	0					
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5, 20	BCUT BENEFIT B		DADI 2 DINCE CIÓN	IEICANT CONDITIONS	(c)	BUT NOT BELLEV	10 70 1115 75011		44						
CORD	PENDINE PROBLEM PENDINE PROBLE	NOI	Fatty	Live	CONTRIBUTING TO DEATH	BUI NOT RELAT	ED ID INE TERM	INAL DISEASE	DR CONDITION	N GIVEN IN PAR	T 1 10				
TALR	HOULD RD "PE HIEF A USED, OF HE,	CERTIFICATION	196 DATE OF O	PERATION	19b. CONDI	TION FOR W	HICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPS	
NOFV	THE WOULD BE STANKING BE STOREN		210. EXTERNAL			A. MONTH		21c HC	W INJURY	OCCURRED	) (ENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 OR		NO.L
DIVISION OF VITAL RECORDS,	R: THIS CERTIFICATE SHOULD BE TOE, WRITING THE WORD "FENDING SPRANDED TO THE CHIEF MEDING AS SHOULD BE USED AS ESTATE DEPARTMENT OF HEALTH DO, 21201 PRIOR TO BURIAL, CREMENT OF STATE DEPARTMENT OF HEALTH DO, 21201 PRIOR TO BURIAL, CREMENT OF THE DEPARTMENT OF THE DEPARTMENT OF THE DEPARTMENT OF THE DEPARTMENT OF THE DO, 21201 PRIOR TO BURIAL, CREMENT OF THE DEPARTMENT O	MEDICAL	21d INJURY OC WHILE AT WORK	CURRED	21e PLACE	OF INJURY			CATION			CITY OR TOWN		COUNTY	STATE
	EXAMINER: TI CERTIFICATE, DUE BE FORW LDIRECTOR: P. WITH THE ST.			that I taak charg	e of the remains de	scribed abav		Autop:	y X.	Inspection		Inquiry .	and in my	apinion	
	ECERTION BOOK BANTON MARY		ACTUAL SIGNATURE	11/4	1				TITLE (SI				DAT		16/87
	MEDICA CUTE TH FUNERA ER DEAT	/	EXAMINER'S NO	AME Wil	Nam M. 2	ane. I	A.D.	61	ADDRESS_	111		CALEXAMINER R	signal to.M		10/0/
	PAGE PAGE PAGE BATTER	23a. Bl	RIAL, CREMATIC	ON, REMOVAL 2	3b DATE	23c. N.	AME OF CEA	AETERY O	RCREMATO		123d 1 O	CATION			
07/84	BP 576		Buria		Apr. 18,1	1987 D	ruid F	lidge				kesville			STATE
25M		24 FL	NEWAL DIRECTO	J.B.	11					750 DATE PI	FC'D BY	DECISTRAD 175h B	ECISTPAP'	SIGNATURE	

DHMH - 17

(VR A15 ME (5))

"Owings Mills, Md.

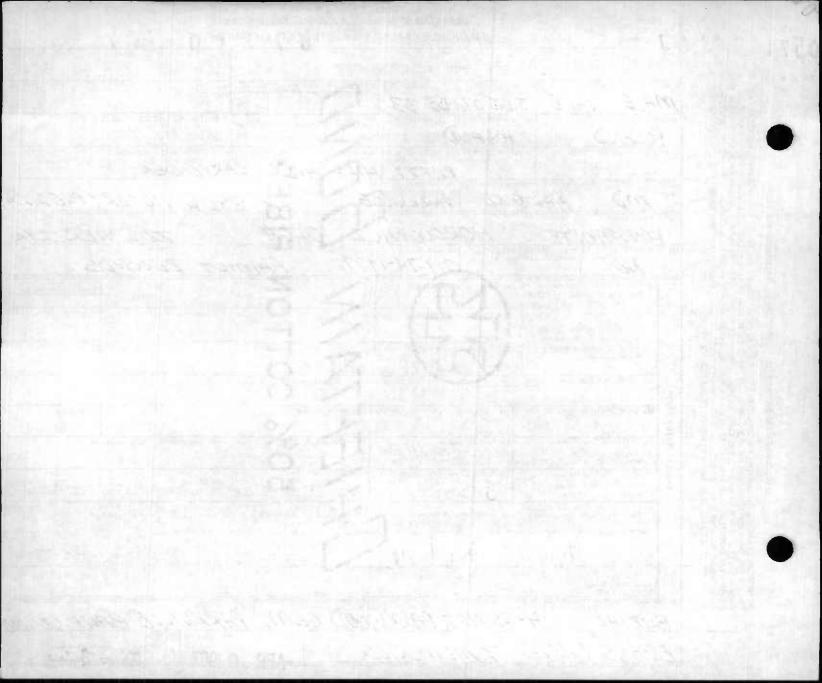
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
APR 2 1 1987

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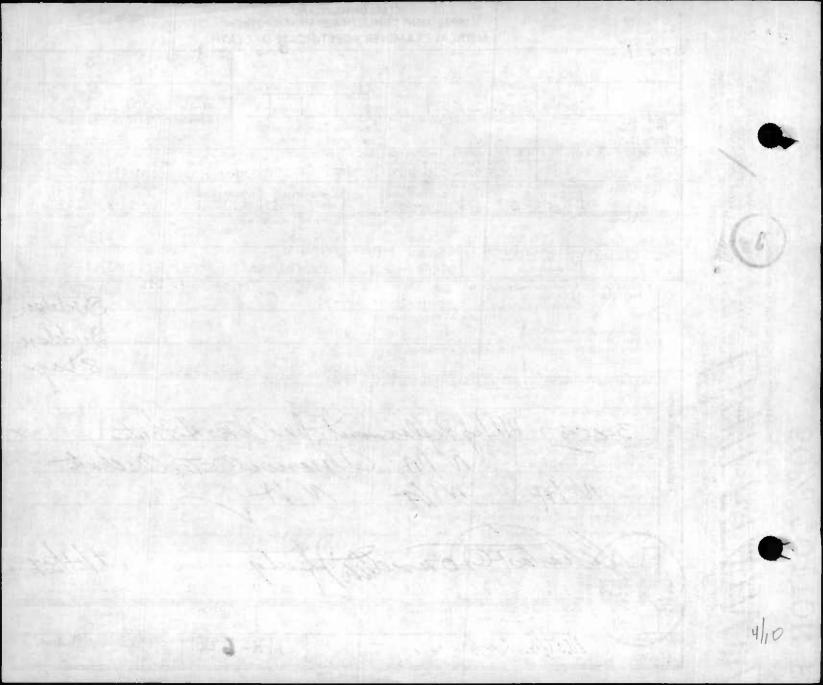
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **TREGISTRAR** I. DECEASED NAME DATE KNOWN X (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, HORODOWICZ ANTONI DEATH MATED 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DELAY IS NECESSARY, 3 DEAD 1-23-8719 D • 45% 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED PAGE 5 E FILED, OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore 3. RETAIN PA ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, 30 STATE 13d. INSIDE CITY LIMITS? RECO 14. FATHER'S NAME 9 160 WAS DECEASED EVER IN U.S. ARMED FORCES DIVISION (IF YES, GIVE WAR OR DATES) GIVE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE. Hanging REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL ENVE EUSED AS A BURIA TOF HEALTH AND ME URIAL, CREMATION, O lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTJMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY subject hanged self 1:35Am 4-21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC Parkville Police Dept. parkville, Maryland WHILE NOT WHILE hail cell AT WORK AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinian death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 4-23-87 Assistant DATE MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Penn Street Korell, M.D. ADDRESS Margarita A. TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b 23d. LOCATION 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR				MENT OF				HYGIEN OF DE	ATH	REG. NO.			
ha	1. DECEASED NAM (TYPE OR PRINT)	E FIRST	М	oreto	n	Но	ward	9			NAM DI WONTH	DAB YEAR	2b. HOUR	
	3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YE		DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE	MÖNTH	DAY YEAR	2d. HOUR	
-	Male	White	Sept. 23		66 Y	RS. MONTH	DAYS	HOURS	MIN.	PRONOUNCED DEAD	April 3	19	6:37	
5	78. BIRTHPLACE (S FOREIGN COUNTRY)	TATE OR	76 CITIZEN OF WH	AT COUNT	TRY?	8 MARRI	ED X NE	VER MARK	RIED -	9. BALTIMORE	CITY OR COUNT	Y OF DEATH		
1	Maryland		USA			WIDOW			CED	Balt	imore Co	unty,	MD	
1	10 CITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NUR	SING HOME	OR OTH	ER INSTITU	TION	12a, USI	UAL OCCUPATI	ON (TYPE OF WORK		ISINESS	
0	Towsor	1	Greater	Balt	imore	Medi	cal Ce	enter		MOST OF WORKING	esentativ			
1	USUAL RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE I	BEFORE ADMISSI				10011		000	Tools		
5	Marylan	d Rait	more_	13d. CITY OR TOWN   13d. INSIDE (11Y LIMITS?   13e STREET ADDRESS   Riderwood   YES □ NO 😿   8123 Rider						REET ADDRESS	Avenue	7 F F F F		
	Marylan			INIGE	1 11000	-	15. MOTHE				71701140		•	
2	FIRST		indell		vard			IRST		MIDDLE	^	lban		
	James 160. WAS DECEASE	D EVER IN U.S. ARA			IAL SECURIT	Y NO.	17. INFORA			A	DDRESS	libali		
	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE V			18-52		Mrs.	Viro	ginia	Wagner	Howard	d,8123 Rider		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  Avenue, Towson, MD. 21204											E INTERVAL	
	PART I DE	EATH WAS CAUSED	BY:		irator	V Ar		,				BETWEEN ONGE	T AND DEATH	
	37	IMMEDIAT	DUE TO, OR				CSC					Drac	ran	
		ns, if ony, which	50210,011		onary		olue					01	/	
		se to immediate ) stating the under-	(b)				oius					hhad	en	
	lying cause lost:  (c) Hip Surgery (Total Hip Replacement)											90		
		IGNIFICANT CONDITIONS C	ONTRIBUTING TO OEATH B	UT NOT RELAT	EO TO THE TERM	IINAL OISEASE	OR CONDITION	N GIVEN IN P	ART 1 (a).			1	X - 1 - 1	
0	WEDICAL CERTIFICATION  ALTERNATION  ALTERNAT	OPERATION	his Songi	Mess A	VHICH OPER	ATION W	AS PERFOR	MADE.	0	_ //	.0	20. AUTOPSY	?	
×4.	3:	75-87	KILLES	Kes	leco.	encou	10	ace	Osi	10 A	threte	YES 🗆	NO.D	
2	THE EXTERNAL	OR LOR	HOUR MA	MODEL	DAY YEAR	HE HE	Y PY	OCCUME	ED (ENTER	NATURE OF INJURY II	ITEM 18 PART I OR PAR	[2]		
2	CONTRIBUTION	NG CAUSE OF D	The second secon	VI	R	0	no	ne	-	OSTO	allelle	ule		
	WHILE -	CCURRED I	THE PLACE O	F INJUNE	TATHONE.	111,100	MEET A	11	1	CITY OR TOWN	COU	NTY	STATE	
	AT WORK	L'WORN Y		10	4		10	17		1				
	22s. I certi	fy that I took charge	of the remains desc	ribed obov	re, held an	Autops	sy .	Inspectio	on 1	Inquiry •	, and in my op	inion		
	death results	ed from Noya	Courses V	Accident	T; Su	icide .	Homic	ide .	Undet	ermined monne				
	actival.	16/	011	1	>	Ox	Jun (8)	MSEY.	,			4/11	1	
	SIGNATURE	inas	Cortes	01	une	14/2	ples	ell	MED	ICAL EXAMINE	DATE SIGNE	7/4/8	7	
2	EXAMINER'S (TYPE OR PRII	NAME Cha	rles F. O	'Donr	nell, A	1. D.	ADDRESS_	7501	York	k Road,	Towson	MD 212	04	
	23a BURIAL, CREMA	TION, REMOVAL 23			AME OF CE					CATION	CCUM	TV	ATE	
3	(SPECIFY) Buria		Apr. 6, 198	7 Jes	sops	Meth.			Cod		le, Balto.			
	24. FUNERAL DIRECT	TOR Illian	LA STORAL	Ewis		and the same		25a. DATE	SEC'D. B)	REGISTRAR 12	b. REGISTRAR'S	GNATURE J	es.	
	Martin D	. Lawson	10 W. Pa	adoni	a Road	d, Tin	noniur	n	11-					

BP. DHMH · 17 (VR A15 ME (5)) 15M 7/77



#### STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF PEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOW TITLE OF PRINT OF ESTI-DEATH MATED Daniel Howren N 72 HOUR Joseph FUNERAL DIRECTOR FILE S FOR YOUR FILE WITHIN 72 HOLE W PRESTON STRE 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER ) YR. IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) DEAD Male 4-17-1974 13 White TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Maryland USA DIVORCED Baltimore County FILED, W D CITY OR TOWN OF DEATH METAIN PAGE ( POUD BE FILED, PECORDS, 201 V II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Owings Mills none Rosewood Hospital Center 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Pikesville 218 Clarendon Ave. 21208 YES [ NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Howren Hamme Nancy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Pikesville, 166 SOCIAL SECURITY NO ADDRESS MD 21208 I (IF YES GIVE WAR OR DATES! 219-88-8305 Mrs. Nancy Cunningham 218 Clarendon Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - TRANSIT ALTH AND MENTAL HYC CREMATION, OR REMO Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. USED AS A E CERTIFICATION 190. DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, CERTIFICATE SHOU SITING THE WORD " DED TO THE CHIEF EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRICED TO THE STATE DEPARTMENT OF THE STATE DEPARTMENT YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TE PLACE OF INJURY (AT HOME, 71E LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK THE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Accident Homicide \_\_\_ death resulted fram: Undetermined manner Notural causes TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23d. LOCATION

07/84 BP. 25M

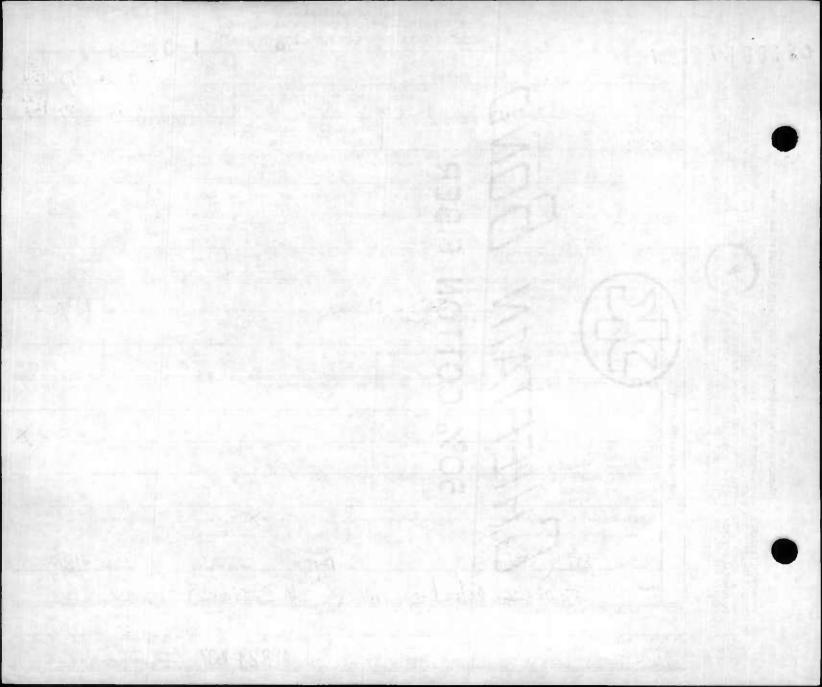
**DHMH - 17** (VR A15 ME (5))

4-23-87 Lake View memorial Park Eldersburg Burial

Carroll

STATE

24. FUNERAL DIRECTOR Loring Byers Euneral Directors, Inc 21133 8728 Liberty Rd. Randallstown, MD



TO HOSPITAL

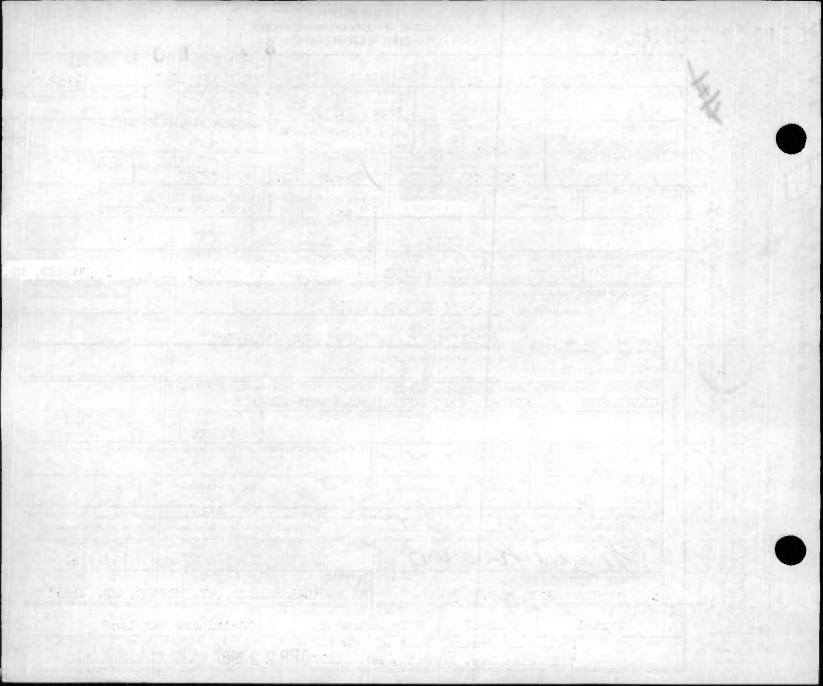
BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23	REGISTRAR			CERTIF	ICATE OF DEATH	Q 7 REG N	D o		
	CEASED NAME FIRST		MIDDLE	i.	AST	REG. N 2a. DATE OF DEATH	MONTO DA	YEAR	2h HOUR
TITE	CHARI	LES	R.	HR	EBIK	APRIL 18,	1987		5:45 PA
3. SE.	х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIE	RTHDAY) IF	UNDER I YEAR	HOURS MIN
,	MALE	WHI	LTE		r. 8, 1917	69	YRS.		
7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIED K	9. BALTIMORE CITY C	R COUNTY O	F DEATH	
M	ARYLAND	U.S.A		WIDOWE	DE DIVORCED	BALTIMORE	COUNTY	Ž.	MC
10 C	ITY OR TOWN OF DEATH			URSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
	ORT HOWARD	VA MED	ICAL CI	ENTER FT	. HOWARD, MD.	MACHINIS			
	AL RESIDENCE (IF NURSING HOME OF		13t. CITY OF		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		ninn
_	ARYLAND		Balt	imore	YES XX NO	600 N. Ken	wood Av	venue	2100
14. EA	ATHER'S NAME FIRST	MIDDLE	LAS	51	15 MOTHER'S MAIDEN NA	WE		LA	AST
	RUDOLPH		HREB		MARY			KADILI	LIAC
	WAS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17. INFORMANT Glu	ADDR	Ē <b>S</b> S		
	YES WW	II	220 (	05 0852	Nortica 6	00 N. Kenwo	od Ave		1205
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per						BETWEEN	XMATE INTERVAL ONSET AND DEATH
		ATE CAUSE (a)	MASS	IVE HEMO	PTYSIS				
		DUE TO, O	R AS A CON	SEQUENCE OF	miamen iinic c	ADOTNOMA			
	Conditions, if any, which gove rise to immediate	(b)P(	JORLY .	DIFFEREN	TIATED LUNG C	ARCINOMA			
3	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CON	SEOUENCE OF				100	
		(c)		0.50.00.00.00					
z	PART 2. OTHER SIGNIFICANT CARDIOMYOPATHY						DITION GIVEN	N IN PART I	10
CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V	WERE FIND!	INGS USED
띪						YES IN NOW	IN CERTIFYI	ING CAUSES	S OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR				140
	OR CONTRIBUTING CAUSE OF D	CAIN L	M. MONTH	H DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION			COUNTY	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.l certify that (I) (this hose	pital) attended th	ne deceased t		28 , 19 87	4/18	, 19	8/	, that (I) (we) last
	sow the deceosed alive o above, (1) (we) (did) (did n		atter death	19 87 . 01	nd that in (my) (aur) apınian	death accurred an the d	ate and hour c	and from the	e causes stated
	226. SIGNATURE	Wew the body	arrer dediti.		DEGREE			22c DATE	ESIGNED
	Marke	a Tru	ne vi	no	ATTENDING PHYSICIAN [	MEDICAL STA	FF	4/18	3/87
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS			1111	Program
	MARCIA KA		•		VA MEDICAL C		HOWARD	, MD.	21052
	BURIAL, CREMATION, REMOVA		07		EMETERY OR CREMATORY	23d LOCATION		L'OUNTY _	STATE
0.1	Burial	4-22	-	1	Redeemer	Baltimon			
24 F	NAME		uneral	Home of	Dundalk 250. DAI	TE REC'D. BY REGISTRAR			
	792	Wise A	ve. Du	ndalk. M	D 21222 APR	7. 7. 1987 "	a Nord	van Pan	Jaco.



50000	100.1	1-	FOR BEA	ATRIC	E ESTI HUBER	ELL DEPARTM	ENT OF H	EALTH AND MENTAL HYDICATE OF SATH		) 0 4 REG. NO.	1		
1 a 8	death	I DEC	EASED NAME OR PRINT!	eatri	ce E. I	HUBER	l	AST	April	11, 1987	DAY & YEAR	11:30A <sub>M</sub>	
E	s ofter d	3. SEX	, FEMALE		WHITE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
eoth. Pog	25 hou	(	RTHPLACE (STATE OR F COUNTRY) ST VIRGII		USA	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore County OF DEATH Baltimore County				
of their	57		TY OR TOWN OF DEA	TH		H FACILITY, GIVE STREET	(DDRESS)	OSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TRANSPORTATION BALTO C				
24 have	only be	USU/ 130. S M		136 COUN	TY		ADMISSION)	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE	-	21237	
MARYLAND ed within 24	DBC		THER'S NAME FIRST  ARCH		AIDDLE J	DILLE	Ϋ́	15. MOTHER'S MAIDEN NA	ME	IDDLE	LA.		
BALTIMORE, I	Popes	160 V	VAS DECEASED EVER	(IF YES, GIVE	MED FORCES?	2201459		CALVIN A.		ADDRESS	UMTER		
. PRESTON ST.,	n please remainer, or remaining y, or other remaining y, or other remaining remaining the second or		Conditions, if any, gave rise to improve (a), stating underlying cause	AUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).  ART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
DIVISION OF VITAL RECORDS, 201 W ING PHYSICIAN: The low requires that r otherding physicion. Wher this certificate has been signed by a	permit. Then permet a but a bu	CERTIFICATION	19a. DATE OF OPERA	ION	19b. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIF	S, WERE FINDING CAUSES	INGS USED S OF DEATH?	
SION OF VITA PHYSICIAN: Ti ending physici this certificate	entol-tronsit		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM TB P	ART I OR PART 2)		
NVISION VG PHY offer this	h and W	MEDICAL	21d. INJURY OCCURI	ILE 🗍		OF INJURY REET, FACTORY, OFFICE, FA	NRM, ETC	21f LÖCATION STREET	CI	TY OR TOWN	COUNTY	STATE	
ATTENDIF spital or CTOR: A	for use of Health		220.1 certify that (1) saw the decease above, (1) (we) (c	d alive an		19		nd that in (my) (our) apinian	death accurred ar		and from the		
TAL OR A THE HORE	det det de la contra la co		22b. SIGNATURE	18.	. 5-	hee			MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c. DATE	SIGNED	
O HOSPI etained b	should be de with the Stat		HOA	5	· CE	E				lvd.B.	als - Ma	1.21221	
BP			SURIAL, CREMATION, SPECIFY BURIA	removal L	236. DATE 4/15	10-		EMETERY OR CREMATORY  IR MEMORIAI		AIR I	HARFOR		
	6 60M 7/84 15, 4)	24. Pt	INERAL DIRECTOR	SPI	0	ADDRESS C	losaci	A		STRAR 25b. REGIST		TURE	

STATE OF MARYLAND

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	CEASED NAME FIRE			Guilder		Hudso	n	Zo. DATE OF	April	12	1987	26 HOUR
3. SE)			4 RACE	Guildel	5. DATE C		/11	6 AGE (IN YE			UNDERTYEAR	IF UNDER 24 HRS
	Male		Whit	e	No	DAY	1919	67		MC	NIHS DAYS	HOURS MIN.
	RTHPLACE PLEATE OR FOREIG	3N	76 CITIZEN OF	WHAT COUNTRY?	9				RE CITY OR C	YRS COUNTY C	OF DEATH	
(	Maryland		USA		MARRIE	D NEVER N	ORCED		imore			
10 CI	TY OR TOWN OF DEATH		11. NAME OF H	OSPITAL, NURSIN	G HOME C	the state of the s		12a USUAL O	CCUPATION		126. KIND O	F BUSINESS OF
	Towson			Seph's H		al		Statis	tician	ORKING LIFE)		Govt.
13a S	AL RESIDENCE (IF NURSING HO	OME OR	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CI	TV I IAAITCO	13e STREET A		D CODE		21030
		3alt		Cockeys		YES [	NO X					Cocke
4 FA	THER'S NAME		MIDDLE	1221		15 MOTHER'S	MAIDEN NAM		WIDDLE		LAS	vi
		ilma		ludson		Mabe	1	Alice	WIDDLE	Wad	ldell	
6a. V	VAS DECEASED EVER IN U.		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAL	VT T		ADDRESS		2.1	1030
	Yes V			219-05-	1913	Mrs.	Marcus	G. H	udson	100	7 West	castle
	18 CAUSE OF DEATH			line for (o), (b), and	die A			~			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C		D BY: E C AUSE (o)		H	3000	>				ue	Arg-
П		1										
	Conditions, if ony, whi	ich	(b)	r as a conseque		Ac	2					
	gove rise to immedia	ote	10,			0						
		st.	BUE TO, OF	R AS A CONSEQUE	NCE OF						115.38	
	PART 2 OTHER SIGNIFIC	ANTC	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	ORCONDIT	ON GIVEN	V IN PART 1 c	)
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AT	190 DATE OF OPERATION		196 CONDI	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTO			WERE FINDIN		
IFI								YES	NOU	CERTIFY!	NG CAUSES	OF DEATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	NG	216. TIME O			21c HOW IN.	URY OCCURR	-				
	OR CONTRIBUTING CAUSE		in .	M. MONTH DA	YEAR							
MEDICAL	21d INJURY OCCURRED	(MANIFER)	21e PLACE (		17	21f. LOCATIO	N				1	
ME	WHILE NOT WHILE		(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM ETC )	STREET			CITY OR TOWN		COUNTA	STATE
	220   certify that (I) (this	hosnit	tal) attended the	decensed from	5/3//7	,	10	10/2	115/8	7 10	2	that (I) (we) la
	sow the deceased of	ive on.		19	7-1	nd that in (my)	our) opinion o		on the date	and hour o		
	obove, (I) (well(did) (c 22b. SIGNATURE	did not	1) view the body	ofter death.		DEGREE					22c. DATE	
	THE OIGHT HORE	-	Inh.	57		A		MEDICAL	STAFF		1//	287
	22d PHYSICIAN'S NAME	UN DE OIL	P PRINT)			22e ADDRESS	HYSICIAN	DIRECTOR	PHYSICIAN	1 []	1///	7
			/	0				dam De	1 00	ckov	evilla	Md 2
	Lawrence				14145					ckey	sville,	Md. 2
30. B	Burial, Cremation, Remo Specify) Burial	OVAL				EMETERY OR C		23d. LOCA	DRIOWN		COUNTY	STATE
			4/16/8	/ Sir	ngieto	n Meth			Glouce			Virginia
	UNERAL DIRECTOR			W. Padon		2404		APR 1	5 1987		a Davida	
1	Martin D. La	IWS	on, 10 \	W. Padon	ia Ko	1., 2109	13	141 11 7	0 1041	0		

DHMH - 16 60M 7/84 (VRA 15, 4)

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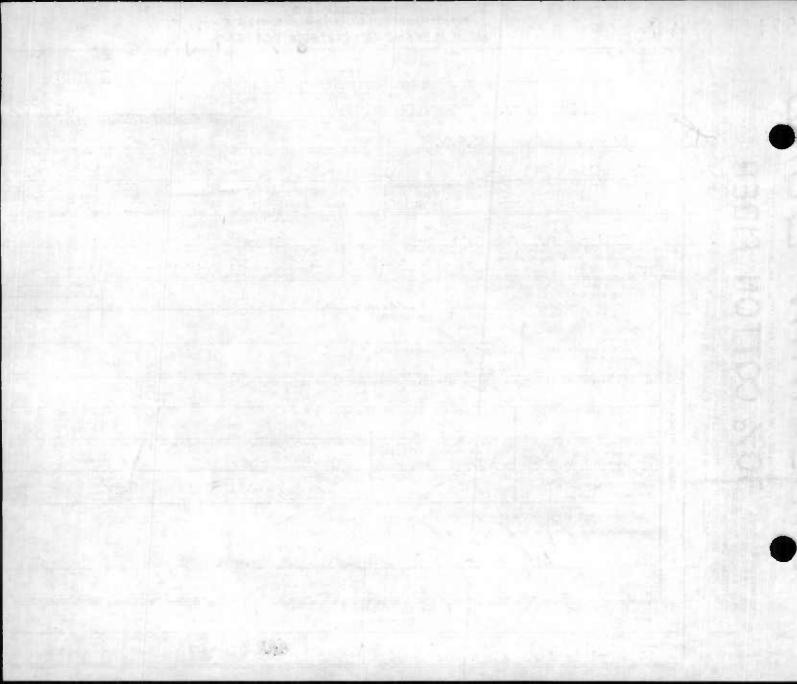
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9705 Belair Rd., Balto. Md. 21236

(VR A15 ME (5))

STATE OF MARYLAND



50	197 APR 1	, <b>1</b> 8	FOR STATE REGISTRAR	DE	STATE OF MARY PARTMENT OF HEALTH AN CERTIFICATE OF	D MENTAL HYGIENE	ا ۵۰۵	4 4
201	rs after death. Page 4 may be by the funeral director. page 3 titled witha 72 hours after death rothled of one.	3. SE	CEASED NAME FIRST OR PRINT)  ELL  X  RTHPLACE (STATE OR FOREIGN COUNTRY)  West VA  ITY OR TOWN OF DEATH  Baltimore	Balto. Co-	S. DATE OF BIRTH  OT 32  NTRY?  MARRIED NEVE  WIDOWED D  NURSING HORES  TESTRET ADDRESS  COMMITTED  A STREET ADDRESS  COMMITTED  NOR STREET ADDRESS  COMMITTED  NOR STREET ADDRESS	CKER  20. D  YEAR  O 97+  R MARRIED D  DIVORCED D  STITUTION 126  (TYPE	DATE OF DEATH MONTH  OH  SE (IN YEARS LAST BIRTHDAY)  SO YEAR  LITIMORE CITY OR COUN  BALTIMORE  USUAL TO WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR HOME HOME WAY  TO MEMBER OR MOST OF WORKING HOME MAKEY	TY OF DEATH  COUNTY MD.  126. KIND OF BUSINESS OR INDUSTRY
V. PRESTON ST., BALTIMORE, MARYLAND 2120	the death certificate be executed within 24 has the attending physician and completely filled in remove carbon papers. Pages Land 2 shauld be remained, or emovol.	13a 14 F.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (b), stating the	MIDDLE GRAND FORCES? 166 SOCIA 233 - unity one couse per line for (D),	INTOWN 13d INSIDE YES INTO 115 MOTHE STAFF IN SECURITY NO. 17. INFORMATION OF THE SECURITY NO. 17. INF	R'S MAIDEN NAME FRIST HA Dea MANT 2140 Moss	A ASABY ADDRESS	Williams  dear Mill Rd. 2120  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that erained by the haspital ar otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, and MPORTANT; If Item 21 is marked or Item 18 shows any injury, are other than 12 in the state of the shows any injury, are other than 12 in the state of the shows any injury, are other than 12 in the state of the shows any injury, are other than 12 in the state of the shows any injury, are other than 12 in the state of the state of the shows any injury, are other than 12 in the state of the state o	MEDICAL CERTIFICATION	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE ( IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE   NOT WHILE   AT WORK   NOT WHILE   AT WORK   NOT WHILE   270. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in 22b. SIGNATURE)  220 PHYSICIAN'S NAME (1796)	CONDITIONS CONTRIBUTING  19h CONDITION FOR N  19h C	WHICH OPERATION WAS PER WHICH OPERATION WAS PER  IH DAY YEAR 19 OFFICE, FARM, ETC.) 211 LOCA STR	FORMED  YE  INJURY OCCURRED (  TION  TION  TION  TION  TION  TION  TION  TION  TION  THE TION  T	B AUTOPSY? 206. IF Y IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
MI	6666	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE	230 NAME OF CEMETERY O	R CREMATORY 23	d. LOCATION CITY OR TOWN	COUNTY STATE

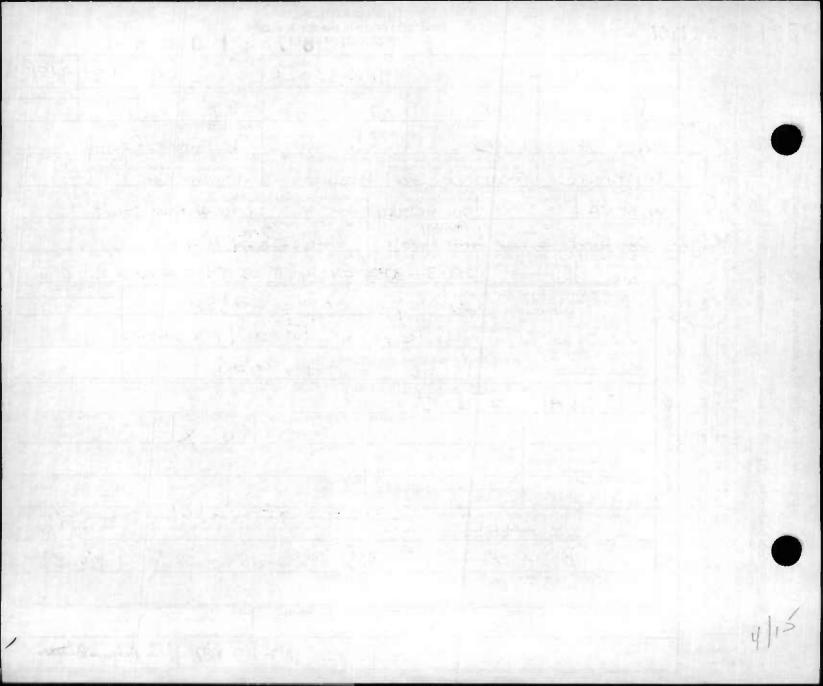
24 FUNERAL DIRECTOR

Removal

State Anatomy Board ADDRESS Balto., Md.

4-7-87

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 1 0 1987 Julia Dender Radelle



		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE	.0	0 4	5	
	1		EASED NAME	FIRST		MIDDLE	l.	AST	20. DATE C	OF DEATH M	ONTH DAY	YEAR	2b. HOUR
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OJO SE WILL	13	3. SE	(		4. RACE	u Hotel	5. DATE O	OF BIRTH		YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
ctor.			Male	0.33	Whi	to	MONTH	ruary 23, 191	76		MONI	IHS DAYS	HOURS MIN.
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24 ho	5	13a S	TATE	136 COUN	ITY	13c. CITY OR TO	VN	13d. INSIDE CITY LIMITS?		ADDRESS /			
sho fi	riantif		ryland THER'S NAME	Ватт	imore	Dundall	2	YES NO X		Pinewo	od Road	<u>d 2</u>	21222
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int,			18 CAUSE OF DEAT PART I. DEATH W	H (Enter and (AS CAUSE)	y ane cause per DBY:	r line far (a), (b), a	nd (c).)					BETWEEN	MATE INTERVAL
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reen in T		ATIO	Le rebra				LOREDATIO	N WAS PERFORMED	20g AUT	Oncva	20b. IF YES, WI	FOR CIVIDIN	0001105
- 2000 5	21	FIC	IN DATE OF OPERA	1014	178 COND	THOM FOR WITHCH	OPERATIO	N WAS PERFORMED			IN CERTIFYING	G CAUSES	OF DEATH?
IAN: The physician ificate ha ificate ha ifi	S	CERTIFICATION	210. ACCIDENT WAS UNI	DERLYING T	21b. TIME C	YE IN II IRY		21c HOW INJURY OCCUR	YES [	NOX	YES [		NO 🗌
Phy	-)	-	OR CONTRIBUTING	CAUSE OF DEAT	TH HOUR A	M. MONTH	AY YEAR	THE HOW INJURY OCCUR	KED (ENIERN	IATURE OF INJURY	IN ITEM IS PART I	ORPARI 2}	
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Afte as slith on ork			22a I certify that N		D . m . d . d at		March	31. 19.87	An	wil 6		07	
TEN to log or use list is r	1		saw the decease above, (we) (	ed alive an	April 6	ne deceased from		id that in (my) (aur) apinian	, to Ap	, , ,			hat K (we) last
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HOSPITAL med by the FUNERAL Juld be det the State	-		22d. PHYSICIAN'S N	AME INDE OF	11.40	Wey 11-12		PHYSICIAN [	DIRECTOR	R PHYSICIA	IN [X	4/6/8	17
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TO HOSPITAL retained by the TO FUNERAL should be derived with the State	4			Step		1D		9000 Frankl	in Squ	are Dr	ive, 2	21237	
			URIAL, CREMATION,	REMOVAL	15.757 0.6		NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION Y OR TOWN	50	YTHU	STATE
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DHMH - 16 60M 7/84	1	Z4. FL	NERAL DIRECTOR	Duda-	Ruck F	meralore	me of	Dundalkj 250. DA	IE REC'D. BY	REGISTRAR 25	b. REGISTRAR	'S SIGNATU	JRE
(VRA 15 4)				7000	TITE - TO	D 7 -	7.7- 277	0 27222 4	11 A CA	403037			E. D. W.

STATE OF MARYLAND

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FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1. DE	CEASED NAME	EIRST		MIDDLE		AST	2	a. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
to, page 3 after death	/ (TYP	E OR PRINT)	MARY		ANNA		HUTSON		April	2 1	987	1	9:15A
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og S	1 130	AL RESIDENCE (IF NUR STATE	13b COUN	OTHER INSTITUTION	13c. CITY OR TO	WN	13d. INSIDE CITY		3e.STREET A				01000
100 C		MARYLAND ATHER'S NAME			BALTIM	ORE	YES X N	IO		BER	NICE	AVENUE	21229
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dicol	160	WAS DECEASED EVEL		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRE	SS		
E	4	NO	1,000		212-22	-0774	PATRIC	IA H.	DUNCAL	1 8 M	INGO	LANE 2	21221
) <del>*</del>		18 CAUSE OF DEA	TH (Enter or	ly ane cause per	line far (a), (b), c	ind (c).)		TOWN I				BETWEEN	ONSET AND DEATH
rent,		PART I. DEATH V	WAS CAUSE	D BY: TE CAUSE (a)			ry Arres	+					
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oro				(c)									
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Hygie 18 she	E E	210. ACCIDENT WAS UN	NDERLYING T	216. TIME C	OF INJURY		21c. HOW INJUI	RY OCCURRE		7			
0 0		OR CONTRIBUTING		117		DAY YEAR							
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d A	MEG	WHILE IN NOT W			REET, FACTORY, OFFICE	, FARM, ETC )	STREET			CITY OF TOV	WN	COUNTY	STATE
th o		AT WORK AT WE	ORK -			Manak	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		- 1 5		0.7	
deol es		220.1 certify that (	(this hosp	tal) attended th	ne deceased fram	March	26, 198		_, to Ap		•	19.8/	that 🍁 (we) last
of t		sow the decea abave, (#fwe)	sed alive an	T) view the bady	after death.	<u>07</u> , a	nd that in (my) (au	ur) opinian de	oth occurre	d on the do	ite and hou	ur and from the	causes stated
ten tem		226. SIGNATURE		. •	arror dearr.		DEGREE						SIGNED
E C		Saral	h L	(glivin	~	M	.D. ATTI	ENDING YSICIAN	MEDICAL DIRECTOR	STAF	FINE	4/3	3/87
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od 3 ₹	230.	BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CRE	EMATORY	23d. LOCA				
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6 60M 7/B4		NAME			ADDRESS						1 .	mar A	
15, 4}		HUBBARD FU	INERAL	HOME,	INC. 410	/ WILK	ENS AVE.	_ APR	- 61	987	Julia,	Divider	andall

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YLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEICATE OF DEATH

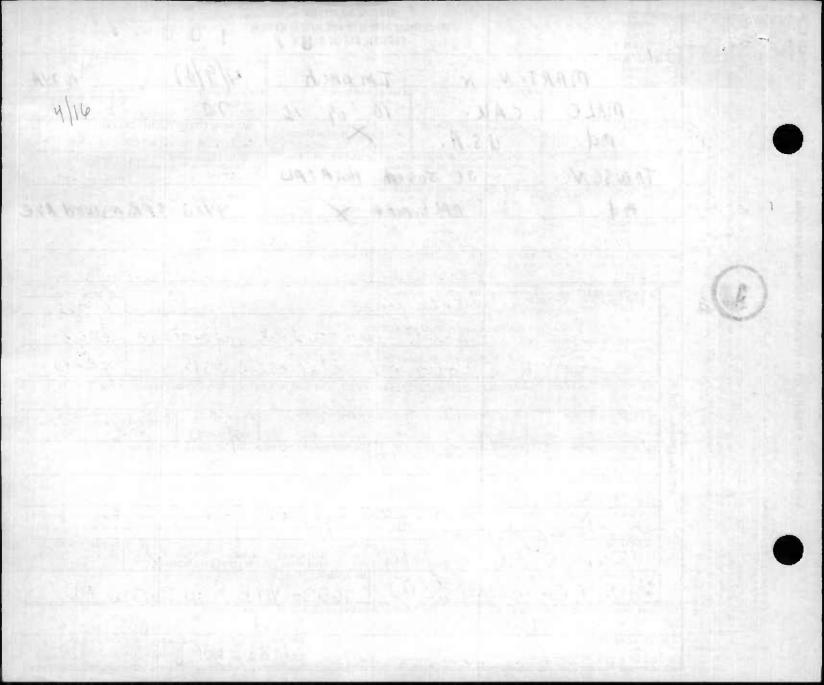
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	3. SE)	(	4 RACE	5 DATE C	OF BIRTH	6. AGE EN YEARS LAST BIR			INDER 24 HRS
		MALE	CAU.	MONTH	DAY YEAR	70	YRS	HS DAYS HO	URS MIN.
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33	13	OUNTRY) Md	U.S.A.	WIDOWE	/	Baltimore			MD.
C	AB, CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	120. USUAL OCCUPAT		B. KIND OF BUNDUSTRY	ISINESS OR
1	1	TOWSON	C F -	soseph	HOSP, CAL	REtired			em Stee
1	U5UA	AL RESIDENCE (IF NURSING HOME OR			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		21206
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0	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
	1	Frank	Imbac			auerland		LA31	
m		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL S	SECURITY NO.	17. INFORMANT	ADDR	ESS	21206	
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		18 CAUSE OF DEATH (Enter on						APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
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		MONEDIA	E CAOSE (O)			1 . 1	A .	10	
		Conditions, if ony, which	DUE TO, OR AS A CONS	TO	MOCERdiz	l inters	tion	day	1
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	30	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART III	
	CERTIFICATION								
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
	TIE					YES NO	YES		O
h	CER	21a. ACCIDENT WAS UNDERLYING	LIGHT A AL ALONITH	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TE PART I	OR PART 2)	
/	AL.	OR CONTRIBUTING CAUSE OF DEA	VIII	19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OF TO	nava.	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	21KGE1	CHIOKIC			31816
		22a I certify that (this hospi	tal) attended the deceased fr	om_ '3	19 87	, to 4-9		87_ that	W (we) lost
	13	sow the deceased alive on	yiew the body ofter death.	19 87 ,00	nd that in (m) (our) opinion o	death occurred on the d	ote and hour and	from the cous	es stated
		22b. ATURE	2/	7 . ^	DEGREE		- 04	22c. DATE SIGI	NED
		Mounces	Muloax	/ MI)	ATTENDING PHYSICIAN	MEDICAL STA			
1		27d PHYSICIAN'S NAME HABE C	(PPRWIT)	4.0	22e. ADDRESS	.1 1		. ^	
		MAUTCICE DI	WY LONG JR	2 MU)	7620- VI	DEK KDAD	Towso	N ML	)
1		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COL	UNIY	STATE
		Burial	4-13-87	Garden	s of Faith Cer		more, Mar	yland	
1	24 FL	INERAL DIRECTOR	ADDR	ESS	25a. DAT	E REC'D. BY REGISTRAR	11		-
	J	John C. Miller			d-21206	117 0 1001	chara par	doon Kaas	lauly ;

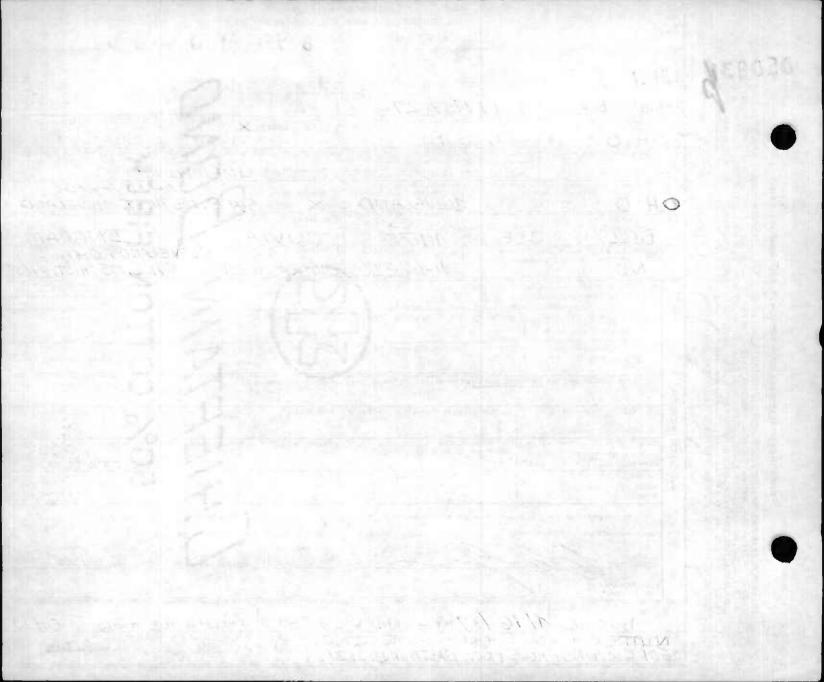
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other traumatic



-			FOR		DEI		TE OF MAR	RYLAND ND MENTAL HYC	SIENE		
5			STATE REGISTRAR			CAL EXAMIN		TIFICATE OF		REG. NOSA	3
	and the same of	T. DE	CEASED NAME	FIRST		IDDLE	LAST	0 /	20. DATE KN		DAY YEAR 26 HOU
050	0930	(TYP	E OR PRINT)	Renee			Ingr	ram	OF E	STI-	8 1987
	A CHEST	1, 583	4 RAC		TE OF BIRTH		ARS IF UNDER	F IF UNDER 24		MONTH	DAY YEAR 26 HOL
	Section 1	FE	MALE BLI	ACK 7	17 19	9	AY) MONTHS	DAYS HOURS M	PRONOUNCE DEAD	4	8_87 11:2
-	SEST A SESTINATION OF THE SESTIN		RTHPLACE ESTATE OF	7b. C11	TIZEN OF WHAT	COUNTRY?	MARRIED	☐ NEVER MARRIED	S 9 BALTIMOR	E CITY OR COUN	TY OF DEATH
	BASSA	1	OHIO		U, S	.A.	WIDOWED			more Cour	
	SER SER SE	MG. C.1	TY OR TOWN OF DE	(1F		AL, NURSING HOM Y, GIVE STREET ADDRESS)			FOR MOST OF WORKING	G LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
	N S S S S S S S S S S S S S S S S S S S		andallstow						UNEMP		GAGOL
100	COUNTY OF THE PARTY OF THE PART	III S	TATE	NP COUNTY	113	CITY OF TOWN	134	INSIDE CITY LIMITS? 13	STREET ADDRESS	0410	CLEVELAND
	A SUCH	O	THER'S NAME			LEVELAI		MOTHER'S MAIDEN I		5 IH, ST.	CLEVELAND
W.	#- 8 88 3/	1	BILLY	MIDDL	E .	DAST	15.	FIRST	MIDDL		NGRAM
NOR	BUS SO		VAS DECEASED EVER	IN U.S. ARMED FC	ORCES?	6b SOCIAL SECURIT	Y NO. 17. I	INFORMANT MR	7	VELANO	
ATTA	A SSS SSS SSS SSS SSS SSS SSS SSS SSS S	{Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR I	DATES)	291-66-3		,			25 TH. ST, 4410
2	25 E 25		18. CAUSE OF DEA	H (Enter only one o	cause per line lar	(a) (b) and (c)	<u> </u>	204GC13 W	DODACE	977 6770	APPROXIMATE INTERVAL
15 N	SERVE SERVE	1		IAC CALICED BY		io cerebr	al trau	uma			BETWEEN ONSET AND DEAT
510	N A A A A A A A A A A A A A A A A A A A	7	8153			A CONSEQUENCE			A. T.		
PR	SEA ANS		Conditions, if		(b)		1			11 2 11	
.w.	A A A A A A A A A A A A A A A A A A A		cause (a) stating		DUE TO, OR AS	A CONSEQUENCE	OF				
5, 20	PANA NO				(c)						
ORD	EAA B CA	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	UTING TO DEATH BUT I	NOT RELATED TO THE TERM	IINAL DISEASE OR (	CONDITION GIVEN IN PART 1	(a),		
REC	MEDIC BEE	000	19g. DATE OF OPER	ATION	19h CONDITION	N FOR WHICH OPER	ATION WAS P	PERFORMEN?			20 AUTOPSY?
*	E SHOUL WORD "P E CHEF" BE USED NTOF HE BURIAL	100			178. CONDINO	TON WITHER STEE		em omneo.			-
F VIT	WOO BE	CERTIFICATION	21a. EXTERNAL CAU		216. TIME OF IN.		21c HOW	INJURY OCCURRED (	ENTER NATURE OF HUJURY	IN ITEM 18 PART 1 OR PA	
DIVISION OF	THE WASTANE TO THE WASTANE		UNDERLYING CONTRIBUTING	DR CAUSE OF DEATH	10:08m	4 8 187		pant of mo	torcycle	that str	_
/ISIG	DEPARTIFICATION THOUSED TO 3.5HOU DEPARTI	MEDICAL	21d INJURY OCCUR	RED		NJURY (ATHOME,	211 LOCATI	ION			
ā	SER RES	2	AT WORK AT W	WHILE YORK	ro	-		Court Rd &	Streamwood		BaltoCo, M
	ME: THI		220. I certify that	I taak charge of the	e remains describ	ed abave, held an	Autopsy		, Inquiry	and in my op	
	AND THE WOLLD		death resulted from			137	icide .	Hamicide .			
	WHEN THE PROPERTY OF THE PROPE	1		11	0	1		TITLE (SPECIFY)			
	3 H 2 3 H W		SIGNATURE	/len	120	_	M.D. <u>7</u>	Assistant	MEDICAL EXAMINE	ER SIGNE	4/9/87
	NO SERVICE SER	-	EXAMINER'S NAME	Wi 12	M 7	we M D		111 Dec	on Ct D	-14- MD	
	EXEC EXEC TO FILE BALT BALT	22- 51	(TYPE OR PRINT)	MITTET		ne, M.D.			nn St. B	arto.MD.	
Mille	11/1/1/	23a.Bi	URIAL CREMATION, PECIFY)	. 11	16 197	23c. NAME OF CE			WARRENS	MILE LICE	INTY STATE
25M	BP G	24 F	Medite Etalo RUSII	4 SONS	FUNEL	AL HOME	TNI	250. DATE REC	D. BY REGISTRAR	256 REGISTRAR'S S	
	DHMH - 177 (VR A15 ME (5))	25	OI CWYN	NSFALL	S PKWV.	BALTO, M	0.212	16 APR	20 198/	Julia Davida	un-Rondollo



stely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cample should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 mmg with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal. [MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical busing.

morked or Item 18 shows any injury, or other traumatic event, the medica

24 hours ofter

within

death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP\_

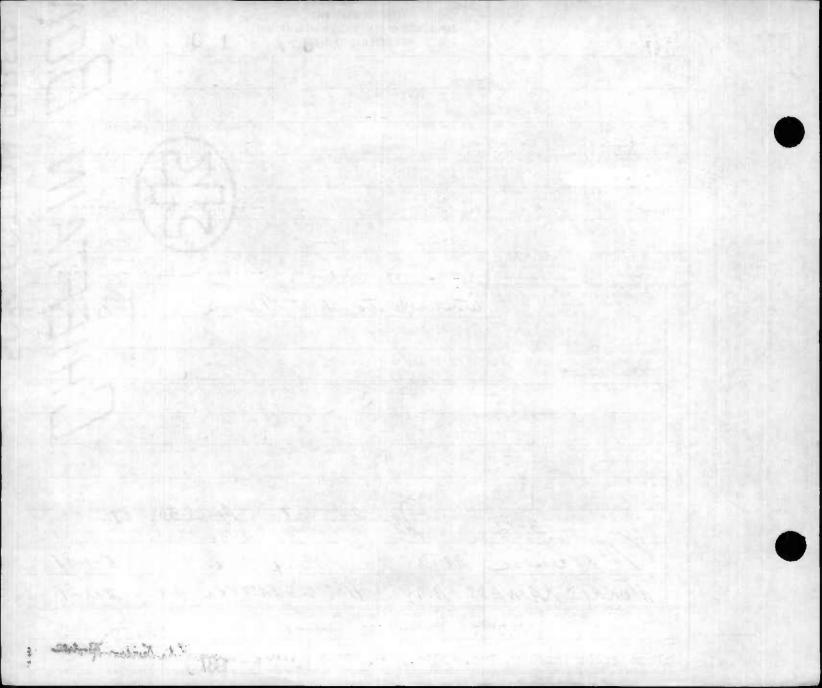
DHMH - 16 60M 7/84

(VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REG. NO.	0	4	9
4	REG. NO.	-		

1 - STATE CERTIFICATE OF DEASH PEGNO 0 4 9										
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	ITH DAY NEAR 26 HOUR					
	(TYPE OR PRINT)	Grace	ISON	4- 30-	8:30	PM				
	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRTHDA	Y) IF UNDER TYEAR IF DER 24 HRS					
	FEMALE	WHITE	2-1-96 YEAR	01	YRS DAYS HOURS MIN					
5	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	? 8	9. BALTIMORE CITY OR CO						
	West Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltocounty	MD.					
1	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
	Essex	rking life) INDUSTRY memaker								
)	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CO		WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIE	cd Ave. 21222					
2	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	1170. 2122					
1	Ob	MIDDLE Wilso	n Dora	WIDDLE	Weaver					
-	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	Essex, Md.					
	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 218-03-8	8057 A Lemoine G. 1	Hall 1043 Fox	croft Lane 21214					
	18 CAUSE OF DEATH Enter	only one couse per line for 🎻 (b), or	ndich a 11 1	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY: atheroscleratic Heart Disease								
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.									
	NOIL			AINAL DISEASE OR CONDITION GIVEN IN PART 110						
7	Y 190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?					
1	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21/ HOW IN HIRV OCCUR	RED (ENTER NATURE OF INJURY IN	YES NO					
A			DAY YEAR	KED (ENIER NATURE OF INJURY IN	ITEM IS PART   OWPART 2)					
H	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION							
	WHILE NO! WHILE	(AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE					
		220.1 certify that (1) (this hospital) oftended the deceased from 20 1987, to April 30, 1987, that (1) (we) lost								
	sow the deceased alive	on 3-12 19	AZ, and that in (my) (our) opinion	death occurred on the date of	nd hour and from the couses stated					
	22b. SIGNATURE	view the body ofter death.	DEGREE		220 DATE SIGNED					
	1 / wifa	mess, MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-1-07					
	MORRIS	KAINESS MS	9). 105 OLD	EASTERN AL	E 21221					
	23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE					
	Burial	5/4/1987 Ce	dar Hill Cemetery		A.A. Co., Md.					
	24 FUNERAL DIRECTOR	ADDRESS.		TE REC'D. BY REGISTRAR 2	REGIST AR'S SIGN TURE					
	waiter Brooks B	radley, Inc. Balt	0., Md. 21222	V = - 4007 ""	Daniel .					



							FOR	
A 51	0	0	*				STATE	
	4	1	1	APR	11.	0	REGISTRA	4

the funeral director, page 3 d within 72 hours ofter death

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 7

	et in	308	
	RED NO.	la la	4
- 2	REC NO.		V

		6						-	\$ KL	140.	-			
-		CEASED NAME	FIRST		MIDDLE	-	LAST		20 DATE OF DEATH	MONTH 4	DAY ZZYEAR			
			RUTI	H	N.	JI	EFFERSON		1 2 1 1 1	04	77-8	TIP	300 A	M
	3. SEX			4 RACE		5. DATE OF BIRTH			6 AGE IN YEARS LAST	IF UNDER 1 YE		UNDER 24 HRS	_	
		FEMALE		WHIT	E	MONT	4 22	YEA 42	45	YRS	MONTHS DA	YS H	OURS MIN	
eggs.		RTHPLACE I STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	DOUGO WW	9 BALTIMORE CITY		Y OF DEATH			_
)		MARYLAND		U.	S.A.	WIDOW	_	RCED [	BALT	IMORE	COUNTY	Y	~	D.
part !	10. CI	TY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTIT	UTION	12a. USUAL OCCUPA				USINESS O	R
2	RANDALLS			BALTIM	ORE COUNT	TY GENERAL			MANAGER		TELEI	PHO	Æ.go.	
100	13a. S	AL RESIDENCE (IF NUR	13b COUNT	THER INSTITUTION	13c. CITY OR TOW		1 13d. INSIDE CITY	HAJTS?	13 e STREET ADDRES	S / ZIP COI	)F			
		MARYLAND		TIMORE	WOODLAWN			10 <b>X</b>	5306 DOG			212	207	
A	I4 FA	THER'S NAME	M	DDLE	LAST		15. MOTHER'S A		AE MIDDLE			LAST		
		MILTON		EARL	JEFFERSO	N SR.		KATHE		D.	MI	ESS1	ICK	
		VAS DECEASED EVER		VAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMAN			RESS	1005 D	245	3.500	
ď		NO			218-40-2	184	JOYCE	JEFFE	RSON WOO	DI AWN	WOOD RO		207	
1		18 CAUSE OF DEAT	TH (Enter only	one couse per	line for (a), (b), and	dites.		7	- 1		APPI BETWE	ROXIMAT EN ONS	E INTERVAL ET AND DEATH	=
		PART I. DE ATH V	IMMEDIATE		Kecks	van	my (	me	&V					
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which ( b) Metal tati C spread of C9												
	gove rise to immediate couse (a), stating the DUE TO, OR ASIA CONSEQUENCE OF													
underlying couse lost. (a) have a Carcinomatosis														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10												
	NO				0									
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	AED	100 AUTOPSYT		ES, WERE FIN			
	TIF								YES D NOT	and the same of th	ES Z		NO [	
		21a. ACCIDENT WAS UN		21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE C	RY IN ITEM 18	PART I OR PART	2)		
	CAL	OR CONTRIBUTING [		n .	M.	19								
H	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	ARM FIC I	211 LOCATION	18 FB	CITY OR	TOWN	COUNTY		STATE	
	2	AT WORK NOT W	HILE	THE MIGHTER STR	CELLIFACIONI, OFFICE, F	ARM, ETC /	1, ,	~7		1 1	~7			
	100	22a I certify that y	(this hospite		e deceased from	64	120	19 87	_, to	124	19 0	_, tho	t (V (we) la	st
		sow the decem- above, (b (see))	did (did not	View the body	ottor directly	57.0	nd that in (my) (o	ur) opinion d	leath occurred on the	dote ond ho	our and from	the cou	yes stoted	
		226. SIGNATURE	10	John	lina		DEGREE	atholo		11	22c. D/	ATE SIC	NED IC	-
			mine	hun	e	- 1		ENDING YSICIAN	MEDICAL ST	AFF SICIAN A	1 9	1/2	10/8	1
1		224 PHYSICIAN'S N	AME ITYPE OR	PRINT)	.5 - 10	N.	22e ADDRESS			. 73	RANDALI	STO	WN, MD	
1		/	(n	1º Eli	NOUR	14-1	FEN CHA	mg H	P. R	C61	+			H
	23a B	SURIAL, CREMATION,	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CR	EMATORY	23d. LOCATION	C-7/				=
	(	BURIAL		4/25/	87 MF	ADOWR	IDGE		DORSEY		COUNTY	MA	RYT.AN	D

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or oth

retained by the hospital or attending physician.

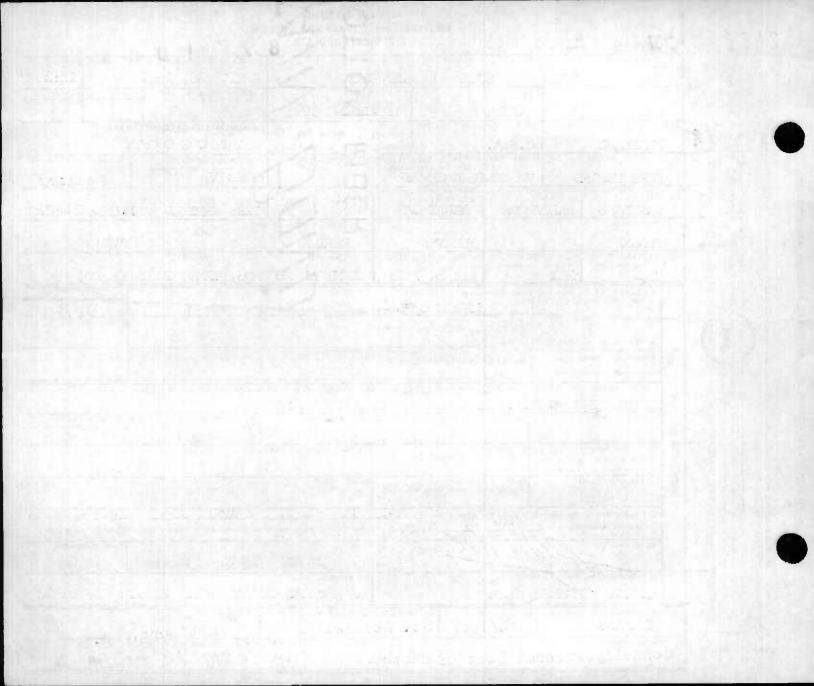
BP.

14 FUNERAL DIRECTOR
LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES P.A.
1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

APR 23 1987

# STATE OF MARYLAND

4 6 9 MAY	O		69 20 848			ICATE OF DEATH 8	7 REG.N		- 1
m.e		ECEASED NAME FIRST PE OR PRINT)	M	IDDLE		AST	20 DATE OF DEATH		AR Pb. HOUR
deot		JAME		CK	JENK			1987	12:20 J
40.0	3. SE	X	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
Sparie College		MALE	WHITE		MAF	CH 24 1921		6 YRS.	
Brook	JA0. €	SIRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		тн
10	1	MARYLAND	U.S.A.		WIDOW	DI DIVORCED	BALTIMORE		MD
23	10. 0	FORT HOWARD	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A CAL CENT	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF FOREMAN		ind of Business or USTRY Poultry
135	13a	JAL RESIDENCE (IF NURSING HOME STATE 136 CO MARYLAND BAL		GIVE RESIDENCE BEFORE  131. CITY OR TOWI  BALTIMO	V	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 7235 MARTE	/ ZIP CODE	21222
30	14. F	ATHER'S NAME FIRST FRANK	MIDDLE	JENKINS		15. MOTHER'S MAIDEN NA BERTHA	ME MIDDLE	Pru	ska
P 9 /		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	
100		YES WII		214 14 7	439	CLINICAL REC	ORDS, VAMC,	FORT HOW	ARD, MD
The state of		18 CAUSE OF DEATH (Enter	anly ane cause per l	ine far (a), (b), and	(¢).1			BET	APPROXIMATE INTERVAL
600		PART I. DE ATH WAS CAUS			8 YEARS				
ugned by he attention of burief, demanding bury, or other presentations.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(c) (c) CONDITIONS CO		EATH BUT			DITION GIVEN IN PA	ARI lia
11117	4 ¥	PENETRATING DU				N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
	표						YES NOXX	IN CERTIFYING CA	
arrificate id-tromit rital Hygie	CAL CERT	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOT IFY MEDICAL EXAMIN	DEATH HOUR A.M	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURE		Sund	
ter libs of the but nond Me	MEDI	216 INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE O	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	IWN COUN	NTY STATE
CTOR A for use of Health		22a I certify that (I) (this has law the deceased alive a abave, (I) (we) (did) (did	APRILL	dereased fram	MARCE 87. o	nd that in (my) (aur) apinian		ate and haur and fra	, that (I) (we) last m the causes stated
y the ha ZAL DIRE detached one Dept AT. If her		27%. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D  120. DATE SIGNED  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D  121. DATE SIGNED							
C FUNES hould be		C.V.J. VERGHE	SE, M.D.			VA MEDICAL C			
P		BURIAL, CREMATION, REMOVA	236 DATE 5/4/1			emetery or crematory anislaus		imore. M	2
MH - 16 60M 7/84 (VRA 15, 4)		Confidence Fun	eral Hon	ne of D	unda		E REC'D. BY REGISTRAR	256, REGISTRAR'S SIC	



## STATE OF MARYLAND

010	40	1.	FOR			DEPARTA	AENT OF		AND MI		YGIEN	E			
0 4 9	861 APR	-5	STATE		MI	EDICAL E	XAMIN	ER'S	ERTIFIC	CATE	F DEA	TH REG. N	10		
			CEASED NAME	FIRST		WIDDIE			LAST	-	1	20 DATE KNOWN	MONTH TO	Y XAR	26 HOUR
V	1. 8. 8. 8. E.	111	PE OR PRINT)	Thoma	as	В.			Jenk	ins		OF ESTI-	X 4-3	1987	AA AA
(8)	A S S S S S S S S S S S S S S S S S S S	3. SE	Х	4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA			IF UNDER		2c. DATE	MONTH D	DAY YEAR	2d HOUR
01	DOUR DOUR DOUR DOUR DOUR DOUR DOUR DOUR	Ma	ale	White	Feb. 11	, 1964	23 YR		MS DAYS	HOURS	MIN	PRONOUNCED DEAD	4-4	1987	8:09 a. M
	CESSARY, PLEASE LERAL DIRECTOR. PRAYOUR FILES. MITHIN 72 HOURS. PRETON STREET,	7a 8	OREIGN COUNTRY)	ATE OR	76. CITIZEN OF V	HAT COUN	TRY?	8 MARR	IED   NE	VER MARRI	EDXX	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
	23000	Ma	aryland		U.S.			WIDOW		DIVORC		Baltimore	e Count	Υ,	MD
	おみの田ろく	VI.	ITY OR TOWN C		11. NAME OF HO			, OR OTH	IER INSTITU	TION	EOR A	JAL OCCUPATION (TYPE MOST OF WORKING LIFE)	PE OF WORK 12h	OR INDUST	SINESS
	B5.788 =		atonsvil		310 St	onewe1	1 Road				S	ecurity	F	Pinkert	
201	NAME OF STREET		AL RESIDENCE ( STATE	136. COUN			OR TOWN	(M)	13d. INSIDE CI			EET ADDRESS			
. 21201	4 4 M C A	The second second	aryland	Bal	ltimore	Cat	onsvil	1e	YES 🗌			Stonewall	Rd. 21	1228	
A G	E-1012/	THE P	ATHER'S NAME FIRST		MIDDLE		AST		F	ER'S MAIDE	NAME	MIDDLE		LAST	
ORE	485 × 6		ene	EVER IN U.S. AR	HED FORCES		enkins	( ) ( )	Caro			E.	Edmo	onds	
BALTIMORE,	AFTER	(	YES, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)		-72-32		Carol	lŷn Je	nkin E	s 310 Sto Baltimore,	newall	Rd. nd 212	228
ST., B.	W GW		18 CAUSE OF	DEATH (Enter or	nly one cause per lin									APPROXIMATE BETWEEN ONSET	INTERVAL
SNS	IN 24 HO IN ITEM I ALONG SIT PERM HYGENE MOVALLI		PARTIDE		TE CAUSE (o)		re Disc								
PRESTON	MAN AND WALL		Condition	s, if ony, which		R AS A CON	SEOUENCE C	OF							
	A PACE AND		gove rise	e ta immediate	(b)										
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	EA MEN	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR V	VHICH OPER	ATION W	'AS PERFOR	MED?			1	0 AUTOPSY?	>
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NO	CERTIFICATE TING THE W SED TO THE 3 SHOULD DEPARTMEN I PRIOR TO	14		G CAUSE OF	DEATH P.	М.	19								
NSI V	OED DED DEP	MEDICAL	21d INJURY O			OF INJURY			CATION			CITY OF TOWN	COUNTY		STATE
۵	WR WARI		AT WORK	AT WORK		1									
	ND. HES	1	72e I certify		ge at the remains de	nerities abov	e. Held an	Autop	xX.	nspection		Inquiry . o	nd in my opinio	n	
	EXAMINER CERTIFICATE JLD BE FOR DIRECTOR WITH THE	10	death resulte	drom Note	ral causes XX	Mariant )	1	cide 4	Home	ide	Undet	ermined manner .			
	WAN DECKE		ACTUAL /	600,	and !	1/8	us	44	LOSE IS	CIFY			DATE	4-5-87	7
	SHE SHE	1	SIGNATURE	- CC	au V	0	77		BASS	stant	MED	ICALEXAMINER	SIGNED_	4-5-6	
	MEDICAL ECUTE THE GE 4 SHOU FUNERAL TREPERAL		EXAMINER'S N	NAME De	nnis F. S	Smyth,	W.D.		ADDRESS_	111 P	enn	St., Balto	., Md.	21201	1
	5345F4	23 <sub>0</sub> .1	BURIAL, CREMAT	ION, REMOVAL	236 DATE	23c. N	AME OF CEA	AETERY C	RCREMATO	ORY	23d. LC	OCATION OR TOWN	COUNTY	ST	ATE
07/84 25M	BP		Burial		April 8,				dge Ce		ry I	Oorsey		MI	
ZOM	DHMH - 17	74			ssell Coores						REC'D. BY	REGISTRAR 256 REG			
	(VR A15 ME (5))		1630 E	Edmondsor	n Ave. Ca	tonsvi	lle, M	D 21	228	APR.	- 1	HOI Julia	Deviden	Contraction	

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by the sit indice physician and completely filled in by the funeral director, page 3 are more companyopers. Pages 1 and 2 should be filed within 72 hours after death commandian as removal.

requires that the death ce tificate be executed within 24 hours ofter death. Page

FOR

STATE OF MARYLANI	2.	TA	TE	OF	MA	RYL	ANI
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

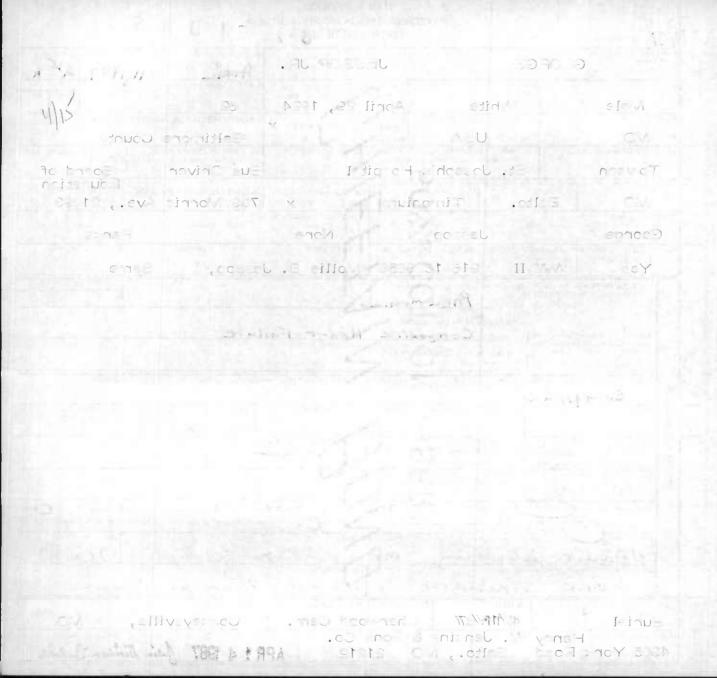
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2	REG. N	О.		E

40	REGISTRAR					ICATE OF DEATH	REG. N	Ο.			
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3. SEX	X	4.1	RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY)	IF INDER I	YEAR IF	UNDER 24
	Male	- 1	Whit	e	Apri	1 29, 1924	62	YRS.	MONTHS	DAYS	IOUR'S
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	COUNTRY)	200	1	JSA	WIDOWE	D NEVER MARRIED 🛣	Baltimo	ne C	County	,	
10 CI	ITY OR TOWN OF DEA	TH 11				OR OTHER INSTITUTION	120. USUAL OCCUPAT			ND OF E	BUSINES
	Towson	350		H FACILITY, GIVE STR		ital	Bus Drive			oar	d of
USU/	AL RESIDENCE (IF NURS	ING HOME OR OTH					La caper connec	. 7:0 000	Ec	luca	tion
130. 3	MD	Balt		136. CITY OR TO	nium	13d. INSIDE CITY LIMITS?  YES TO NO TX	130 STREET ADDRESS . 709 Morr	is A	ve.	210	93
14. FA	ATHER'S NAME				Carlo A	15. MOTHER'S MAIDEN NA	ME				
(	George	MID		essop		Nora	MIDDLE		Par	ks	
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRI	ESS			
,	Yes	WW	II	216 16	8658	Mollie B.	Jessop,	S	ame		
	18 CAUSE OF DEAT	H (Enter only (	nne couse per	line for (a), (b).	and ICI. I				BETT	PPROXIMA WEEN ONS	TE INTERV
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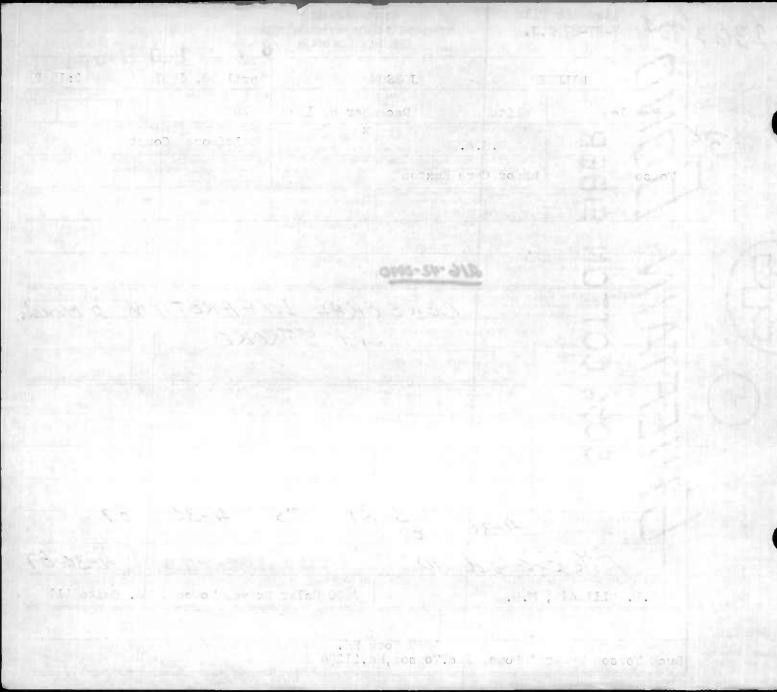
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TO FUNERAL DIRECTOR. After this certificate half been



ION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  HYSECIAN. The law requires that the degith certificate be executed within 24 hours after death. Fage 4 may be interested to be presented to be sent from the servicion to the carefront from the forest property being property from the carefront forest from the certificate from the forest property forest from the certificate from the forest property forest from the certificate from the forest property forest from the certificate from the forest from the forest from the forest from the first from the forest forest from the forest from the forest from the first from			
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63	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	3 3			
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH				
	MILI	DRED C.	JOBSON	April 30, 1987	7 2:1			
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS			
	Female	White	December 6, 1908	78 <sub>YR</sub>				
38	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	* 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City <u>or</u> cour Baltimore Co	ounty			
90	CITY OR TOWN OF DEATH  Towson	11. NAME OF HOSPITAL, NURSI Manor Care Rux	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Homemaker	12b. KIND OF BUSIN INDUSTRY Own Hom			
4 T	30. STATE 13b. CC		WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE			
-	Maryland Ba	ltimore Towson	YES NO THER'S MAIDEN NA	407 Georgia Ct. 2120				
家门	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST			
8 / 16	John  NAS DECEASED EVER IN U.S.			ADDRESS				
2/	(YES, NO OR UNKNOWN) (IF YES		-0890	Jobson - same a	#130			
- 2 1		only one cause per line far (a), (b), a		Jobson Jame a	APPROXIMATE INT			
other traumatic event	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last.	DIATE CAUSE (a)  DUE TO, OR AS A CONSEOU	and SVA		0M 2 M			
or to bling (cremotion, or remove	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICAT	DIATE CAUSE (a)  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  NT CONDITIONS CONTRIBUTING TO	UENCE OF AND STA	COKE	GIVEN IN PART 110			
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### STATE OF MARYLAND

TE ISTRAR			DEPARIA		CATE OF D	EATH	3 7	REG.	b. 0	0 5	5	
D NAME	FIRST	MIDI	DLE	LAS	ī		2a. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOUF	2
	CLAUDE	KEN	NETH	JOHN	SON	Sr.	A	pril	8, 19	87		
	4. R.	ACE		5. DATE OF		WEAD	6 AGE	IN YEARS LAST I	BIRTHDAY)	IF UNDER TYEA	R IF UNDER 2	A HR
Male	300	White		12	23	1917	69	9	YRS	S	110013	10.00
ACE (STATE OF	FOREIGN 76 C		HAT COUNTRY?	8 MARRIED	□ NEVER A	AARRIED 🗆	9 BALTIA	AORE CITY	OR COUN	TY OF DEATH		
ennesse		US		WIDOWED	<b>★</b> DI	VORCED [	Baltimore County					٨
SON OF DEA	100	HE NOT IN SUCH EA	ACILITY GIVE STREET	ADDRESS)	ing Home		Operations Officer Banking				ng	
yland	13b. COUNTY Baltin	13	TE RESIDENCE BEFORE  Lutherv	N 11	3d INSIDE C	ITY LIMITS?	13e STREE	ADDRESS Gree	zip co	DDE ing Driv	e 210	93
'S NAME	MIDDI	15	LAST	1		MAIDEN NA	WE	WIDDIE		A LEVIL		
Willia		ihu	Johnson			Ruth		WIDDLE		Mer	riman	
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OR UNKNOWN)	WWII	& Korea	212-38	-7988	Mr. (	Claude	Johns	on. J		lO Cross		
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T 2. OTHER SIGN	alula	is V	TRIBUTING TO I	Trus				JTOPSY?	20b. IF IN CER	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES []	INGS USED	H?
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LE NOT WE AT WO		21e PLACE OF (AT HOME STREET	INJURY FACTORY, OFFICE F		211 LOCATIO STREET	N		CITY OR	TOWN	COUNTY	51	ATE
certify that (1) saw the decease above (1) (ve) (6	othis hospital) ed alive an did) (did not) vic	ew the body aft	deceased from _ 1977 ter death.		that (my	6				haur and fram th	e couses star	e) lo
PHYSICIAN'S N	AME (TYPE OR PRII	OU NE)	Dere	ZW	22e ADDRES		-			4/8	14/	7
Donald	Wood,	M.D.							onium	, Md. 2	1093	
Buria						y Cem.	Í	Baltin			.d	ATE
L, CRI	onald EMATION, Buria RECTOR	onald Wood,  EMATION, REMOVAL   2  Burial   2	emaild Wood, M.D.  EMATION, REMOVAL   23b. DATE  Burial   4/11/	onald Wood, M.D.  EMATION, REMOVAL 23b. DATE 23c. P Burial 4/11/87 Du  RECTOR	onald Wood, M.D.  EMATION, REMOVAL 23b. DATE 23c. NAME OF CEP  Burial 4/11/87 Dulaney  RECTOR 1050 N	conald Wood, M.D.  2 Gree  EMATION, REMOVAL  Burial  4/11/87  Dulaney Valle  RECTOR	Donald Wood, M.D.  2 Greenmeador  EMATION, REMOVAL  23b. DATE  Burial  4/11/87  Dulaney Valley Cem.  RECTOR  1050 York Rd.	Donald Wood, M.D.  2 Greenmeadow Dr.  236 NAME OF CEMETERY OR CREMATORY Burial 4/11/87 Dulaney Valley Cem.  RECTOR  1050 York Rd.  236 DATE RECTOR  237 NAME OF CEMETERY OR CREMATORY 1050 York Rd.  237 DATE RECTOR	Donald Wood, M.D.  2 Greenmeadow Dr., Tim  23 CNAME OF CEMETERY OR CREMATORY Burial  4/11/87  Dulaney Valley Cem.  23 CNAME OF CEMETERY OR CREMATORY Baltin  25 CNAME OF CEMETERY OR CREMATORY  27 CNAME OF CEMETERY OR CREMATORY  28 CNAME OF CEMETERY OR CREMATORY  27 CNAME OF CEMETERY OR CREMATORY  28 CNAME OF CEMETERY OR CREMATORY  29 CNAME OF CEMETERY OR CREMATORY  20 CNAME OF CEMETERY OR CREMATORY  27 CNAME OF CEMETERY OR CREMATORY  28 CNAME OF CEMETERY OR CREMATORY  29 CNAME OF CEMETERY OR CREMATORY  29 CNAME OF CEMETERY OR CREMATORY  20 CNAME OF CEMETERY OR CREMATORY  21 CNAME OF CEMETERY OR CREMATORY  21 CNAME OF CEMETERY OR CREMATORY  22 CNAME OF CEMETERY OR CREMATORY  23 CNAME OF CEMETERY OR CREMATORY  27 CNAME OF CEMETERY OR CREMATORY	Donald Wood, M.D.  2 Greenmeadow Dr., Timonium  2 Greenmeadow Dr., Timoniu	2 Greenmeadow Dr., Timonium, Md. 2:  EMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BALLIMOTE Mary Language Town  Burial 4/11/87 Dulaney Valley Cem. Baltimore Mary Language Town  1050 Vork Rd. 22b. RAME REC'D. BY A REGISTRAR'S SIGNAR'S	2 Greenmeadow Dr., Timonium, Md. 21093  2 Gree

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

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tilled in by the funeral director, page 3 auid as filed within 72 hours ofter death

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5.9	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. N	0. 0	13 13	6
	CEASED NAME	FIRST		MIDDLE	ι	AST	Ī	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPE	OR PRINT)	JAMES		Ϊ.	J	OHNSON			4 24	87	VO JAM
3. SE	X	200	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
	MALE			BLACK	07	17 1914		72	YRS	DNIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIE		9. BALTIMORE CITY O		OF DEATH	
S	. CAROLINA	F	U. 9	5. A.	WIDOWE			BALTIMORE	CITY	00	MD.
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	NC	120. USUAL OCCUPATI		12b. KIND O	EPHONE OC
В	ALTIMORE			SPRING AV				TELEPHONE		DIAMO	
	AL RESIDENCE (IF NUI	13b. COUR		13c. CITY OR TOW		1 13d. INSIDE CITY LIM	AITS?	13e STREET ADDRESS	ZIP CODE	MARYLA	ND 21227
М	ARYLAND	10	AHO	BALTIMOR	_	YES NO B	9	4202 SPRIN	G AVEN	UE, BA	LTIMORE.
14. FA	ATHER'S NAME FIRST	1 - 1	WIDDLE	LAST	- 4	15. MOTHER'S MAID				LAS	
2	BLANDEN			1c ELVEN		SUSIE				JEFFER:	
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANTMR	S.	ADDRE	SS MARY	LAND 2	1227
	NO			218-09-2	067A	ORE BELL	SNEL	L 4202 SP	RING A	VE. BA	LTIMORE.
	18. CAUSE OF DEA	TH (Enter on	ly one couse per	line far (o), (b), and	dice	T	11-	A		BETWEEN	MATE INTERVAL ONSET AND DEATH
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	1000		DUE TO, O	PAS ACONSEQUE	NCE OF	. (		1 1.	1 .		
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	underlying cous	se lost.	(c)	chalon	ascu	larace	rec				
7	PART 2. OTHER SIC	NIFICANT	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0,
MEDICAL CERTIFICATION	J	care	tes me	llilies					Tan in una		
SICA A	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDING CAUSES	
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0	210. ACCIDENT WAS U	_	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RI I OR PARI 2)	
S	(IF EITHER NOTIFY ME				19		200				
WED	WHILE NOT N	WHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT W	ORK -				1/2/	0-7	4	1211	0	
	22a I certify that		///	e deceased from	27	19_	6/	_, to	1	9 0	tho (we) lost
	sow the deced	did) (did no		cultur decitif	-	-	opinion de	eoth occurred on the d	ofe and hour		
	22b. SIGNATURE	/	1	L.	1%	DEGREE D ATTEND	ONG .	MEDICAL STA	17	22c. DATE	SIGNED 87
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. 23a. I	BURIA(, CREMATION	I. REMOVAL	123b. DATE	123c. N	IAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION			-
	(SPECIFY) BUR		4/30/1			GREEN MEM		WEST-CHES	STER	COUNTY	PA.
24 1	HALL ELLES							REC'D. BY INCHIN HAT	25a REGISTA		
	OI GWYNNS				, MD.	21216	APR	30 198/	dia De	ederye Rin	CONTRACT CON

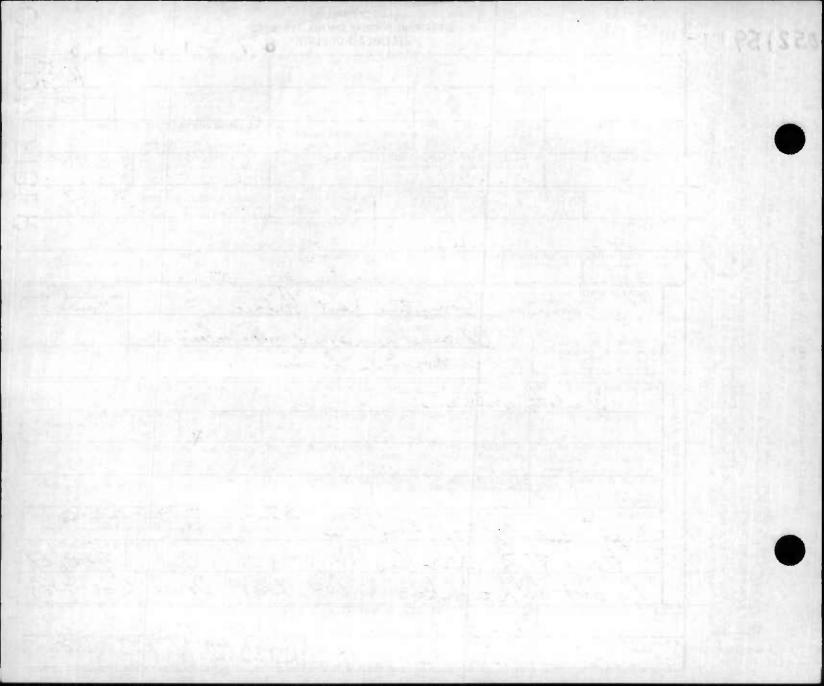
DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbon popels with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavols, IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumotic event, the

OR ATTENDING

(VRA 15, 4)

BP.



(VRA 15, 4)

#### STATE OF MARYLAND

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· m.e		CEASED NAME	FIRST		WIDDIE		LA	ST		20. DATE OF		MONTH D	THE PER	b. HOUR	
dee y			Sqt.	Verno	on F.	Joi	ner		-		April 1			м	
The second	3. SE	X		4. RACE			5. DATE O	BIRTH	YEAR	6. AGE (INY	EARS LAST BIRT	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
ge 4	N	fale		Caucas	sian			ery 22 192		67		YRS.			
25 Pd . P. P.	7o. E	IRTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	F WHAT COUN	NTRY?	MARRIED	☐ NEVER MA	RRIED -	9. BALTIMO	RE CITY O	R COUNTY	OF DEATH		
de ot		aryland		U.S.A.			WIDOWE	DIVO	RCED		imore O			MD	
the the	10. 0	ITY OR TOWN OF DEA	TH		HOSPITAL, N UCH FACILITY, GIVE			OTHER INSTIT	UTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)					
S A		andallstown		Baltimore County General Hospital					S. Sat	Ret	rired	U.S.	Airforce		
d be	130	STATE	13b. COUN		13c. CITY OR	RTOWN	1	13d. INSIDE CITY	LIMITS?	13e.STREET	ADDRESS /	ZIP CODE			
AND 24 h		faryland	Baltin	more	Randa	alls	town		K 01		Lagura	Court		21133	
Selection with	7 14. F	ATHER'S NAME FIRST		MIDDLE	LAS	ST		15 MOTHER'S A	MAIDEN NAM	ΛE	WIDDLE		LAS	57	
m B g (g)		arres R. Joine						Kathry	n Coede	n					
ond co			(IF YES, GIVE	WAR OR DATES)				17 INFORMAN			ADDRE	SS		21218	
S. Po	7	es	WWZ	+ KoreA	218-	16-6	134	604 E	30th 9	Street	В	altimor	e	Maryland	
of the second		18 CAUSE OF DEATH	H (Enter onl	y one couse pe	1.1		1	1	- (				BETWEEN	ONSET AND DEATH	
on ph				E CAUSE (o)_	Ven	tric.	10-	Ar	yth-	~iu					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  BING PHYSICIAN The law metures that the death certificate be executed within 24 hours  attending physician the meture of the principle physician and completely filled in by the the entiticate has been used by the principle physician and completely filled in by the bindificate has been used by the principle of simports. Pages 1 and 2 should be fill fill and Membel Hygeric pright Duvici, companies or simports.				DUE TO, O	OR AS A CONS	ISEOUEN	ICE OF		/						
EST OF THE SECTION OF	1	Conditions, if ony,		( (b)_	4	orco	ULRY	A	RTEKY	9	ISEAS	2			
1/11/1		gove rise to imm couse (o), stoting	g the	DUE TO,	OR AS A CONS	ISEOUEN	ICE OF								
2 4 5 5		underlying couse	lost.	(c)_											
S. 20	1,	PART 2 OTHER SIGN					ATH BUT	NOT RELATED TO	O THE TERMI			DITION GIVE	EN IN PART 1	01	
A 14 14 1	_ ē	CHRO			けんしけい			-month	-	1)151					
I III	\ S B	190 DATE OF OPERAT	ION	19b. CONI	DITION FOR W	WHICH O	PERATION	WAS PERFORA	WED	20a AUTO	)PSY?		, WERE FINDING CAUSES		
4 4 2 4 4 A	CERTIFICATION							** *****		YES 🗌	NO		S 🗌	NO 🗌	
A PIERC	47.	OR CONTRIBUTING		11-11	OF INJURY A.M. MONTH	H DAY	YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 18 PA	ART 1 OR PART 2)		
O	MEDICAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER)		P.M.		19								
OIS THE TOP D	A S	VHILE NOT WH		(AT HOME, S	E OF INJURY	OFFICE, FAR	M, ETC )	211. LOCATION STREET	0.50		CITY OR TOV	WN	COUNTY	STATE	
DIV The off		AT WORK AT WOR	PCR.						27.2		À		-		
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8 4 W 4 8 #		226 SIGNATURE	1	14	A			EGREE	ENDING _	MEDICAL	STAF	E _	22c. DATE		
TAT TATE			1	al	1		M	> PH	YSICIAN [	DIRECTOR	PHYSIC	IAN	7-	13-87	
OFTE STATE	/	22d PHYSICIAN'S NA	,		1 /			22e ADDRESS	,	N 1		D	1. MA	21211	
4 0 0 4 0 1		TIMOT	44 /	)ALE	WATT	75	クク	3100	yun	· Nun	X D/	· 1/21	(b. / 10)	51511	
21 131	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NA	ME OF CE	METERY OR CR	EMATORY	23d LOCA	ATION		COUNTY	STATE	
BP	F	arrial	SIL	4/15/8	7	G	miso	Forest 1	V.A.	Gara	riem		ltimore	Maryland	
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	Loring	Byers F	uneral A				25a. DATE				rar's signat		
(VRA 15, 4)		7700 T -1	_	400			-		I AL	K 141	100	Hules di	conductor		

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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRA TYPE OR PRINT)

To. BIRTHPLACE COUNTRY 10. CITY OR TOV

Rossv: USUAL RESIDEN

Mar I TATHER'S NA Ivi 160 WAS DECEA IYES, NO OR UN Yes

CERTIFICATION

MEDICAL

MPORTANT: If Item 21 is

3. SEX

			STAT	E OF MARYLAND					
FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE				
REGISTRAR			CERTIF	ICATE OF DEATH	7 REG. N	o. n	3 14		
CEASED NAME FIRST OR PRINT)		MIDDLE		AST	26. DATE OF DEATH	MONTH DA	Y YEAR	HOUR	
Chest	er H. Jo	DNES			April 13,	1987		3:25a M	
(	4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	# UNDER 24 HRS	
Male	White		Mar	ch 1, 1925	62	YRS		HOURS MIN.	
RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O				
Kentucky	USZ	A	WIDOW		Baltimore County				
TY OR TOWN OF DEATH	HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND O	F BUSINESS OR		
Rossville		in Square		ital	Millwrigh			. Steel	
AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFORE 134. CITY OR TOW Dundalk	N	13d. INSIDE CITY LIMITS? YES NO \$\mathbb{E}\$	13e.STREET ADDRESS / 8432 Kava		oad	21222	
THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS		
Ivis		Jones		Mahala	***************************************		Engl		
AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
Yes 6/2	3/44-46	405-22-	1636	Genevieve	Jones 8432	Kavana	gh Roa	d 21222	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED DIV	line for (o), (b), one Cardiopuli		y Arrest			BETWEEN C	MATE INTERVAL DINSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)_F	R AS A CONSEQUE R AS A CONSEQUE	er Lu	ng Squamous Ce Bone and Brai	ell Carcino in Metastas	ma with is	1		
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 115	3.	
190. DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NO【X		WERE FINDIN NG CAUSES		
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		M. MONTH DA	YEAR	21 c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2}		
21d. INJURY OCCURRED	21e. PLACE	OF INJURY	APAL ETC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
AT WORK NOT WHILE AT WORK	(At Home, or	ELI, FACTORY, OFFICE, II							
22a 1 certify that (the this hosp saw the deceased alive a abave, (th	April J	198.	Apri /	nd that in (=++) (our) apinian c	, 10	13 , 19 ote and haur o		that <del>th</del> (we) last causes stated	
22b. SIGNATURI	- X	o .		DEGREE ATTENDING	MEDICAL STAF	F \	220 DATE	SIGNED	
7 6	_ 09			PHYSICIAN [			141	30-	
22d. PHYSICIAN'S NAME THE	ph Kapla	in, M.D.		9000 Frank	lin Sq. Dr.	, 21237	7		

23e. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION altimore, Maryland

By REGISTRAR 256 REGISTRAR'S SIGNATURE

5 1987 Aira Decider Publish (SPECIFY) STATE 4-16-87 Baltimore, Gardens of Faith Burial 24 FUNERAL DIRECTOR Duda-Ruck FUneral Home of Dundal & DATE REC'D. NAME 7922 Wise Ave. Dundalk, MD 21222

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274 MAY	7/4	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	BIENE - REG. N	D. 🔿 🚓						
		CEASED NAME FIRST	WIDDLE	l l	AST		MONTH DAY	26 HOUR					
deoth deoth		JEAN	Т.	Jo	DNES		04/30/8	37 7;55AI					
ector, po	3. SEX	FEMALE	WHITE	5. DATE C	2/06/19 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.					
in 72 hou	7s. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWE	NEVER MARRIED	9 BALTO.		ATH MD.					
-50	+0. CI	TOWSON	GREATER			120 USUAL OCCUPATION PE OF WORK FOR MOST OF BUVEN	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY  The Shop					
	5	AL RESIDENCE (IF NURSING HOMEOF TATE 196 COUR	NTY 13c. CITY O	E BEFORE ADMISSION) R TOWN 1to.	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE						
amplete and 2		Edgar (		ggart	15. MOTHER'S MAIDEN NA Claire	WIDDLE	Johnston	(AST					
Pages			VE WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRE							
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physimova mova vent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY: RESP 1	RATORY	ARREST		8	ETWEEN ONSET AND DEATH					
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sis permit. I giene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?					
s certificate burial-transit Mental Hygie Ir Item 18 sha		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR I	PART 2)					
After this of the burner of th	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	INTY STATE					
		220.1 certify that (1) (his haspi	ot) view the body after death.		d that in (my) (our) opinion	death occurred on the do	2 19 8 ote and hour and fr	om the couses stated					
for us of He 21 is		obove, (I) (we) (did no											
ne nospirol DIRECTOR: Toched for us Dept. of He If Hem 21 is		obove, (1) (vé) (dud) (did no 226. SIGNATURE			DEGREE ATTENDING PHYSICIAN [	MEDICAL STAN	F /	4/30/27					
RAL DIRECTOR: detached for us tote Dept. of He NT: If Item 21 is		22b. SIGNATURE	C. K. WOD		ATTENDING	DIRECTOR PHYSIC	FIAND	///					
O FUNERAL DIRECTOR: hould be detached for us with the State Dept. of He WPORTANT: If Item 21 is	23e B	226. SIGNATURE  ENSOLVER  226. PHYSICIAN'S NAME (TYPE OF	C. K. WOD OR PRINT) MD		ATTENDING PHYSICIAN [  170. ADDRESS  GBMC, Ba  EMETERY OR CREMATORY	DIRECTOR PHYSIC	FIAND	///					

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ity. County, Mc			, F. Lucks

HAY LI	17	FOR STATE REGISTRAR			DEPARTN	AENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		no.					
		CEASED NAME	FIRST Uni		NMN)	70	25 25	20	11		75	1 SON AM		
#	3 SE			4. RACE Blac	k	Jul		AP	AGE (IN YEARS LAST BIRTH		# UNDER 24 HRS HOURS MIN.			
10		RTHPLACE (STATE OR COUNTRY) Carolin	- 1	76. CITIZEN OF	what COUNTRY?	8	D NEVER MARRIE	D 🗆 9	9 BALTIMORE CITY OR COUNTY OF DEATH					
100	10. C	TY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore Co.Gen.			R OTHER INSTITUTIO	)N 12	O. USUAL OCCUPATION  TYPE OF WORK FOR MOST OF	12b. KIND O				
35	13a S	AL RESIDENCE (IF NUR STATE aryland	SING HOME OR 113b. COUN Carr	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE  13 CITY OR TOWN  Sykesv	ADMISSION)	13d. INSIDE CITY LIM	ITS? 13	e.STREET ADDRESS /	ZIP CODE		21784		
/d	14 FA	ATHER'S NAME FIRST		nown	LAST		15. MOTHER'S MAID	EN NAME	Unknown		LAST			
Z dedicol		VAS DECEASED EVER YES NOOR UNKNOWN)		MED FORCES? E WAR OR DATES)	215-18-		Mabel E	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN NO. SET INC.  THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  THE TERMINAL DISEASE OR CONDITION GIVEN IN PART						
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or to burial contribution of injury, or other troumotic	TION	PART 2. OTHER SIG	NIFICANTO		bstau	C F /	Ve	LU.	na di	seas	Le			
of Health and Mental Hygiene prior	CERTIFICATION	190. DATE OF OPERA		1 21b. TIME O		OPERATIO	N WAS PERFORMED	CCH PRE	YES NO	IN CERTIFYING	G CAUSES	OF DEATH?		
Item 18	MEDICAL C	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	m. month da m.	YEAR 19		CCORRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1	ORPART 2)			
olth and Menta marked or Item	MED	21d INJURY OCCUR	HILE D		EET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	4.5	CITY OR TOW	'N	COUNTY	STATE		
		220.   certify that (1 sow the decease above. (1) (we) (	1	11 -1	1/			prinion dea	to 4-14	te and hour on	d from the	couses stoted		
Stote Dept.		22b. SIGNATURE	5	ivip	MI	)	DEGREE ATTEND PHYSIC		MEDICAL STAFF DIRECTOR PHYSICI	AN O	4-	14-87		
The Stote		22d. PHYSICIAN'S N			10610		22e ADDRESS	40	Co	neste	- H	252		

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has be TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician

24 FUNERAL DIRECTOR
Charles W. Burrier, Jr., Sykesville, Md.

<sup>23b. DATE</sup>
4-18-1987

230 BURIAL, CREMATION, REMOVAL

23; NAME OF CEMETERY OR CREMATORY
Fairview Carroll, APR 20 1987 Julia Danison Pandara

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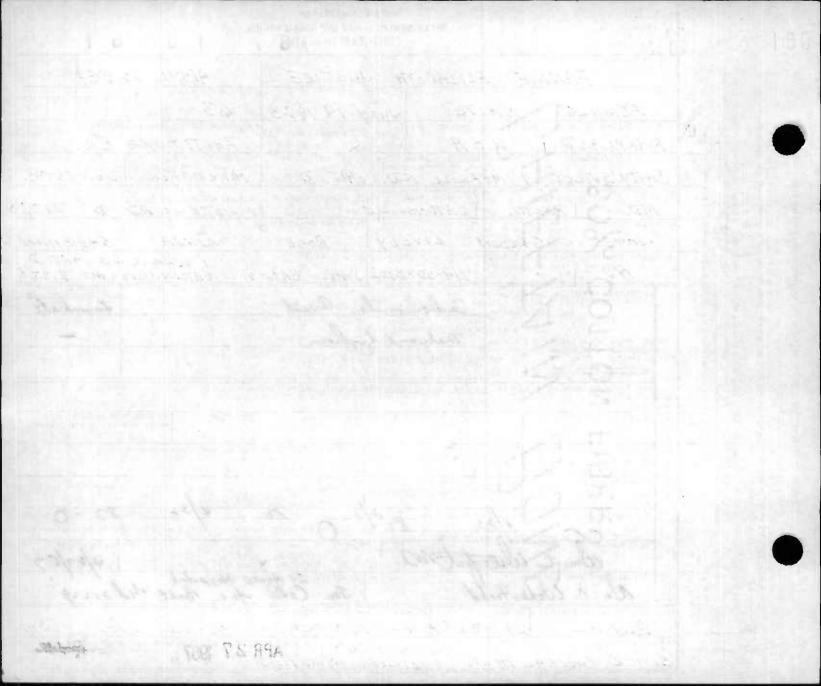
23d LOCATION CITY OF TOWN

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## STATE OF MARYLAND

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		1	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
051	6.4 9 ARR 2	R A	REGISTRAR		CERTIFICATE OF DEATHS	/ REG. NO O	6
				WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
	o + 3	(IAME	FANN	IE ELIZABE	TH JUSTICE	APRIL 24	6 1987 M
	d d	3. SEX		4 RACE	5. DATE OF BIRTH	DEATHS  REG. NO.    Color of Death   Month   Day   Year   28, Hour     APRIL 26 1987   M.     APRIL 27   M.     APRIL 26 1987   M.     APRIL 27   M.     APRIL 27   M.     APRIL 27   M.     APRIL 28   M.     APRIL 28   M.     APRIL 29   M.     APRIL 29   M.     APRIL 29   M.     APRIL 20   M.	
	8 25 N		FEMALE	WHITE	JULY 19 1923	1.3	INTHS DAYS HOURS MIN.
-	2 32	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	APPROXIMATE INTERVAL  BETWEEN ONSET NO DEATH  CE CO MD.  IZE KIND OF BUSINESS OR INDUSTRY  DOMES TOC.  ODE  SHERMAN  LL RD APT. D  LLE MD 21223  APPROXIMATE INTERVAL  BETWEEN ONSET IND DEATH  LETTYING CAUSES OF DEATH?  YES, WERE FINDINGS USED  RTIFYING CAUSES OF DEATH?  YES NO 1  IB PART I OR PART?  COUNTY STATE  19 22 that (I) (we) last hour and I ram the causes stated  22c. DATE SIGNED  4/27/87  ML 21229  CARROLL MD  STATE  APPROXIMATE MITTERVAL  STATE  STATE  APPROXIMATE MITTERVAL  STATE  STA
	TO TO TO TOWN OF DEATH  TO THE REGISTRAR  TO DECEASED NAME  (TYPE OR PRINT)  TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO COUNTRY  T	PARYLAND	U.5 A	BALTIMORE	CO. MD.		
	1 17 10			11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR
201				1 MERRILL 1	ED, APT. D	HOMEMAKER	Domesac
212	THE PARTY	USUA 13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N   18d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
AND			1011		SVILLE YES NO	1 MERRILL RD	D" 21228
RYL	1 1110	14 FA	FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
WA	R TEXA		JAMES G	FORDON LIV	ELY ROSE	NINA	
ORE	25 91			MAR OR DAYES			4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., TO HOSPITAL OF ATTENDING PHYSICAN. The law equires that the death certific	S. Po		10 -	214-50	BLOL SHARON GRIA	nm CATONSVILLE	
	ysici oppel ovel.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y ane cause per line far (a), (b), ar	nd ici.i		.0 1/ 2/
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RES			gove rise to immediate	(b) Males	and hyphiona.		
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N SI ·	office of the state of the stat	2	AT WORK NOT WHILE	(AT HOME, STREET, PACTORY, OFFICE,	/		
0	ND A STATE OF A STATE			al) attended the deceased from.	2/3 19 86	, 10	
	E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive an abave, (I) we) did (did not	) view the bady after death.		death accurred on the date and haur o	and Iram the causes stated
	O Dige		226. SIGNATURE	Matter	DEGREE	AMEDICAL STAFF	22c. DATE SIGNED
	E . E . E		Com C	Weleger "	PHYSICIAN [	DIRECTOR PHYSICIAN	4/27/87
	ad and a ATA		-1			nes Hospital	1
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		23a B	URIAL, CREMATION, REMOVAL	The second second	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	EQUNTY STATE
	BP	24.51	BURIAL		LAKEVIEW MEM P		ARROW MD
	DHMH - 16 60M 7/84		NERAL DIRECTOR	ADDRESS	50x 268 250 AT	REGISTRARIZSE REGISTRA	ARSSIGNATION OF THE SECOND
	(VRA 15, 4)	5	ACK FUNERA	L HOME	ZLICOTT CITYMO ELOY	5 201 4	

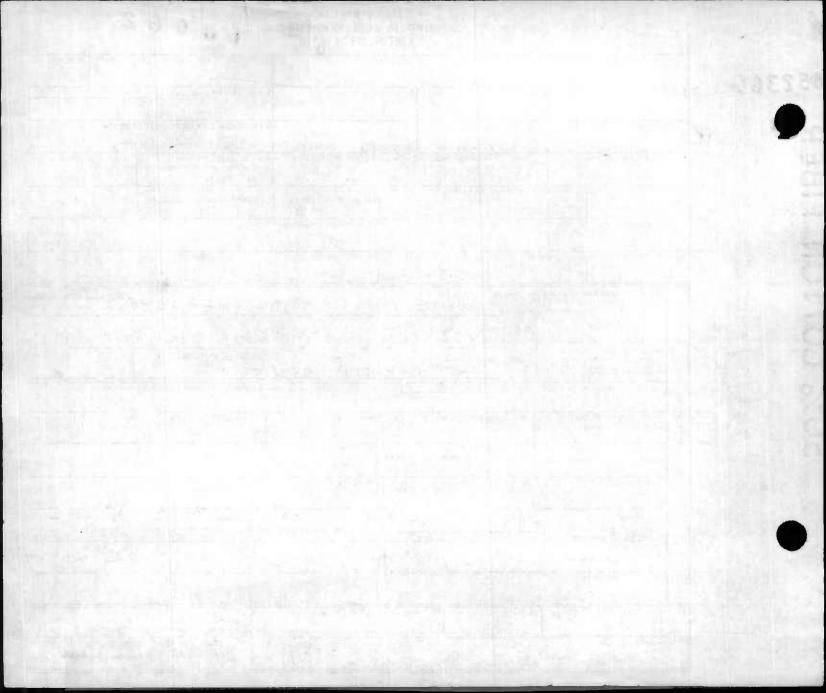


1		FOR STATE REGISTRAF
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### STATE OF MARYLAND DEDADTMENT OF UCALTU AND MENTAL UVCIENC

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			1 -	STATE REGISTRAR			DETART		ICATE OF DEATH	REG. N	0		
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	ge 4		1	Female		Whi	ite	Jui	ne 2, 1907	79	YRS	DATS	NS MIN.
	Por I dir	-4595	Pú. B	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	R	D NEVER MARRIED	9. BALTIMORE CITY		тн	
	nero nr72	65		Maryland		U.	S.A.	WIDOWE		Baltim	ore County	,	MD.
1	e e	20	10 C	TY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b. KI	IND OF BUS	SINESSOR
201	by the	是し		Parkville		1			s Rd. 21234	Homemaker		wn Ho	me
BALTIMORE, MARYLAND 2120	4 hou	25	130.		13b. COU	VTY	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
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RYL	4 5 5 X	看入		ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST	WE		LAST	
X	Pa Black	\$10		rancis			Norri	_	Caroline		Him	melha	ber
ORE,	xecu nd c	medico	16a V	VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	ESGlen Arm,	Md.21	.057
IM	P 0	e /	1	YES, NO OR UNKNOWN)			213-50-	5154	Dorothy A. C	Gorman -112	20 01d Car	riage	Rd.
BALI	ote l	t, th		18 CAUSE OF DEATH PART I. DEATH W.	I Enter of	nly ane couse per	r line for (a), (b), or	diest		1 - 1	BET	WEEN ONSET	AND DEATH
	rtific g phy on p	even	36			TE CAUSE (o)	ACUTI	= W	40 CARDIA	TU INFF	TRCTIO	4	
N	h ce ding arb	atic		1 N S4		DUE TO, O	R AS A CONSEQU	ENCE OF					
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2	2 2 1	ertr		gove rise to imm cause (a), stating		DUE TO O	R AS A CONSEOU	ENCE OF		DISEAS	E.		
3	B #80	the state of		underlying couse	last.	( (c)	LEFT	CAR	OTIP BRU	IT .			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	1 11	γ, α		PART 2 OTHER SIGN	IFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	RT 110	
RDS	9 27 0	in	O										
0	bee prio	à ou	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F		
2	he le on. hos	ows /	TIF							YES NO	YES		D
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۵	Afr alth	TO E		220 I certify that (I)		ital) attånded th	ne deceased from	. 12	9 10 85	to 3	13 10 8	7 that (	1) (was) last
	OR OR	is is		saw the decease	d alive ar	3 12	19_	37 . 01	d that in (my) (aux) apinion of	death occurred an the d	ote and haur and from	m the cause	s stated
	AT A	E 3		22b. SIGNATURE	d) did no	view the bady	after death.		DEGREE			DATE SIGNI	
	he h	*		Lut		Melit	ton 1		ATTENDING	MEDICAL STA	FF _	43	
	by 1 by 1 ERAI	Z-1		224 PHYSICIAN'S NA	MF (TYPE	OR PRINT)			PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN []	1	1-/
	Dos Ped	) RT	9				/					1	1/
	TO HOSPITAL of the retained by the TO FUNERAL Is should be detained with the State I	MAP.		Ruben S		_				ppa Rd., B	alto., Md.	2123	4
				BURIAL, CREMATION, I	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY		STATE
	BP	- 1		urial		5-2-8	37		ne Park	Balto.		alto.	, Md.
	DHMH - 16 60A	A 7/84		UNERAL DIRECTOR			ADDRESS	1050	TOTK KO - Is a see	REC'D. BY REGISTRAR	ulia Diridion		10.
	(VRA 15, 4	4)	R	uck Towson	Fune	eral Hom	ne, Inc.	Towso	n.Md. 21204/AY	4 1301 8	have Margary	· Karana	



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propers. Pages 1 and 2 should be fill as the fil medical examiner

MPORTANT: If them 21 is marked on them TB shows ony injury, or other traumatic event, the

should be detoched far use as the burial-transit permit. Then pled with the State Dept. af Heolth and Mental Hygiene prior to buria

TO FUNERAL DIRECTOR. After this certificate has

JG PHYSICIAN: The

ATTENDING

TO HOSPITAL OR ATTEN

BP.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 REQ	10.U	6	3		
ATE OF DEATH	MONTH 04	O1	1 87	2b. HOUR	

		REGISTRAR				CEKIII	ICATE OF DEATH		REGIN	0.	0	3	
		OR PRINT)	FIRST		W.	KA	NE , SR.	20. DATE O	FDEATH	04	01	1 87	2b. HOUR
8 3	3. SEX	MALE		4 RACE White		5. DATE C		6. AGE (IN)	rEARS LAST BIR	THDAY)	MON	INDER I YEAR	-
	]	RTHPLACE (STATEORE COUNTRY) New York		U.S.		? 8. MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	BALTI	RE CITY C	R COU	NTY OF	DEATH	MD
		TOWSON		GBMC-	6701 GIN STREE	CHARLE	S ST.	120 USUAL (TYPE OF WOR Reti	K FOR MOST	OF WORKIN	(G LIFE)	INDUSTRY	of Balt
	13a. S	Maryland	13b. COUN		13c. CITY OR TOV	MN	13d INSIDE CITY LIMITS? YES NO 🛣		Oako			. 21	1093
	]	THER'S NAME FIRST Frank VAS DECEASED EVER	IN U.S. AR	J.	Kane	LIRITY NO	15. MOTHER'S MAIDEN NAI FIRST Anna	ME	B.	ESS		Fah	
	{Y	ES, NO OR UNKNOWN) NO 18. CAUSE OF DEAT	(IF YES, GIV	E WAR OR DATES)	216-44-	3514	Dorothy L.	Kane -			#13		MATE INTERVAL ONSET AND DEATH
5	CERTIFICATION	gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN	last	(c)		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	OPSY?	20b. IF	YES, W	ERE FINDIN	NGS USED
		21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURE	YES T					
	MEDICAL	21d. INJURY OCCURE  WHILE NOT WH AT WORK AT WOR	RED	21e PLACE		FARM ETC )	211 LOCATION STREET		CITY OR TO	)WN		COUNTY	STATE
		22a.l certify that (1) saw the decease above, (1) (we) (a	ed alive an	4/0	19_	27	, 19 87 ad that in (my) (aur) apinion (	deoth occurre	4/01 ed on the d	ate and	haur an		that (I) (we) lost causes stated
		226 SIGNATURE	de	3			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC			04/0	01/87
		ARTHUR					220. ADDRESS GBMC-6701 N.	CHARL	ES ST				
	[	URIAL, CREMATION, SPECIFY) Burial INERAL DIRECTOR	REMOVAL	23b. DATE 4-4-	A	Druid	Ridge Cem.	Ва	ortown		Balt		Md.
1	. + 10	NAME			ADDRESS	1050	York Rd. 250 DAI	E REC'D. BY R	EGISTKAR			SSIGNAT	D. Jain

DHMH - 16 60M 7/8 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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L 10/7/	7	7, '(	1°, '7	
7 (17/.7				
IN TO THE	33.22-370-11, 01			L. T. T.
DE LOS SEL	- 10 MB			

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BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1 .Q NO 6 4

1	20	REGISTRAR			CERTIF	ICATE OF	regin /	1	REG. NO.	u			
2		CEASED NAME FIRST	,	WIGDLE	ı	AST		20. DATE OF DE	EATH MON	NTH	DAY YEAR	2b. HOL	JR
	{TYPE	OR PRINT)	^	_		K1112	- Sr.		4	1_1	9-87	94	5
	3. SEX	1)0n.46	4. RACE	6-	S. DATE C	SE BIOTH	, Sr.	6. AGE (IN YEAR	S LAST BIDTHIDA	v) 1	IF UNDER 1 YEAR	IF UNDER	77 M
	J. 3E/				MONTH		YEAR	6. AGE (INTEAR	) LASI BIRINDA		MONTHS DATS	HOURS	MIN.
1		Male	wn:	ite	Feb.	8	1940	47	115	YRS			
	70 Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X XVEVER	MARRIED []	9. BALTIMORE	CITY OR C	OUNTY	OF DEATH		
1	We	st Virginia	/U.S		WIDOW	D D	VORCED	BA	1.10	6	ou uit	4	MD.
9	10. CI	TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INS	TITUTION	12a USUAL OC		JUNIO LIE	12b. KIND C	BUSIN	ESS OR
	,	Towson	5/2	1/A M	AND I E	140	SIDICE	Mana		, RKING LIP	Ryland	Homes	
/	USU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION				-				Peninsu	la Tr	ucking
1			cil	Port Dep		13d INSIDE C	NO X	13e.STREET ADI				211	903
2	14. FA	THER'S NAME				_	S MAIDEN NAM		111101	D10	114	21.	707
	1		MIDGLE	LAST			FIRST		AIDDLE		LAS		
6		Robert		Kave			Margare	t			Howe	11	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRESS				
		No		218-38-3	1162	Billi	е Ј. Ка	ive, Por	t Dep	osit	, Md.	2190	4
		18 CAUSE OF DEATH (Enter on	ly ane cause per	line far (a), (b), and	d (ci.)		100				APPROX BETWEEN	MATE INTE	RVAL
		PART I. DEATH WAS CAUSE	D BY:	METASTA	TIC	5	V	11:1	Ca	me 6	~		
		IMMEDIA				- May and	T. VA COL	C = 17		F. C.			
			DUE TO, OI	R AS A CONSEQUE	NCE OF						100		
		Canditians, if any, which gave rise to immediate	(b)	Squarno	4.5	C8(1	CAUCE	re 128	111	>			
		cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF								
		underlying cause last.	(6)	, No N constast									
		PART 2. OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO D	DEATH SUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITI	ON GIV	EN IN PART L	a.	
	N												
-	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s. AUTOPS	Y? 20	b. IF YES	S, WERE FINDI	NGS USE	D
1	FIC								IN	CERTIF	YING CAUSES	OF DEAT	TH?
_	RTI	AL ACCIDENT WAS UNDERLYING	2 225 7145 0	F IN HIDY		Tale Howell	LUDY O S SUBB			YE		NO [	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 216. TIME O	M, MONTH DA	YEAR	ZIC HOW IN	IJURY OCCURR	RED (ENTER NATUR	OF INJURY IN	ITEM 18 P	PART 1 OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATE	N		ITY OR TOWN		COUNTY		STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM ETC )	STREET		C	IIA OK IOMM		COUNTY		STATE
		22a.1 certify that (I) (this haspi	tal) attended the	a decogned from	4-	13	10 87	10 40	1-19		10 67	1	TON A
			C//	· · · · · ·	3)	ad that in (mu)	Talir apinian	death accurred a		and how	19 <del>-2</del>	that (I)	we last
	17.	saw the deceased alive an abave, (1) (we) (did) (did na	t) view the bady	after death.		,	(dur) apinian c	sedin accorded o	ii iiie dale d	ли пао			area
		226. SIGNATURE	10	levas		DEGREE					22c DATE	SIGNED	
0		Carra	- M. CC	ely as	-de	190	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	8	4-	19-	8)
		224. PHYSICIAN'S NAME (TYPE O				22e ADDRES	Stell	a Maris	Hosp:	ce			
		Carla S. Alex	ander, 1	M.D.		2300		Valley	_		ricon 1	/ID 27	201
	22- 0	UIDIAL COEMATIONS OF ACTION	Tan Days	192 •	IAAAE OF O	~				10	wsoll, I	11) 21	204
		SURIAL, CREMATION, REMOVAL SPECIFY) Burial	Apr. 2			emetery or		23d LOCATIO	TOWN		COUNTY		TAIE
					Chu	rob Cor	notory	Uvil	-	Jef	ferson-	- W-V	a.
	24 54	NERAL AIRECTOR DE TSO	n & Son	PETTYVI	110,0	Maryla	nd 250 DAT	APR OY PEG	384 25b.	RECUSA	RADESIGNAT	UREARC	also,
	1	allo Mas	oct w	The mores	eller	AND 10	63	M 11 - T	(				

ALLEGE STATE STATES Diversity of the second APROY WELL

DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARKELAND 21 LOT	4
TO HOSPITAL OR ATTENDING PHYSICIAN The ide requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital of attending physicals.	24
10 PUNEAL DIRECTOR. After the certificate has been righed by the althoughous coan ond completely filled in by the furging director, page 3. P. J. Handling and Complete the filled with 72 hours often death than the complete the filled with 72 hours often death	2
with the State Dept of Health and Mental Prigine prior to burial compared.	7
MPORTANT If her 21 is marked a frem 18 and sony righty, of other manufactor and the medical and the motified of office.	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR STATE	DEPAR		H AND MENTAL HYGI	ENE	7 - 47	
Liver	-0	REGISTRAR		CERTIFICAT	TE OF DEATH	REO NO	6 3	0
		CEASED NAME FIRST	MIDDLE	LAST	0 /	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR	T,
		FERN (	'ATHERINE	KFAG	NEY	APRII	28 27 74	Su .
	3. SE	X	RACE	5. DATE OF BIRT	TH	6. AGE (IN YEARS LAST BIRTHDAY)		_
		F	14/	MONTH	DAY 19 AR 7	84	MONTHS DAYS HOURS MIN.	
N' -	7n B1	RTHPLACE (STATE OR FOREIGN )	7b. CITIZEN OF WHAT COUNTRY	1716-1	6/100	9. BALTIMORE CITY OR CO	YRS LINTY OF DEATH	
34	A	COUNTRY)	1154	MARRIED L	NEVER MARRIED	RAITA	CHINTY	
	17	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED _	DIVORCED	SUSUAL OCCUPATION	126, KIND OF BUSINESS OF	D.
	10 C	TOR TOWN OF DEATH		ET ADDRESS)	EA M. 1	TYPE OF WORK FOR MOST OF WORL		4
	G/	TONSVIILE !	5500 EVM	2 NU 50	NAVE	SELFEM	PHANDE	_
50	13a. S	AL RESIDENCE (IF NURSING HOME OR C	TY 13c. CITY OR TO		NSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 2/22	F
C		MD BAL	TO GATAN	VILLE YES		5500 EUMO	SNUSON AVE	J
K Z	14 FA	THER'S NAME	MDDIE LAST	15. M	OTHER'S MAIDEN NAM	MIDDLE MIDDLE		
KO.	1	WILLIAM 7	KEARN	EY	ABIGAL	1	VALKER	
	160 V		MED FORCES? 166 SOCIAL SEC	CURNY NO. 17 IN	NEORMANT	ADDRESS	5500	_
ned l	1 9	(IF YES GIVE	WAR OR DATES) 215.10	.2/3/14	LAITER T	T. KEADNEY	LIZMAND PAN	1
1	-	IN CAUSE OF DEATH S.	V-N 10	2-60 PLAN	BLIEN I	V. V. J.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	9
100		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	BY	L 2.	. 7	1001	BETWEEN ONSET AND DEATH	
		IMMEDIATE	E CAUSE (0)	may 1	riagry Ir	acl Philacill	ens 10 mg.	_
			DUE TO, OR AS A CONSEO	UENCE OF	11	0 1/	2 1	
		Conditions, if any, which gave rise to immediate	(b) (ong	espire	Heart 1	rail 4Vie	L0413	_
1		cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF				
14, 6		underlying couse lost.	10 140	othyr	012154		154138	
		PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> to	DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART 16	
	CERTIFICATION	Henres	rsion					
2	18	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WA	SPERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
X	E					YES NOZ	YES NO	
0	l W	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
7	¥	OR CONTRIBUTING CAUSE OF DEAT	In .	19				
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211	LOCATION		COUNTY STATE	_
0	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE	
e e	133	22a I certify that (I) (this hospite	al) attended the deceased from	Nor. 9	19. 85	to April 23	2 . 19 87 that (It (we) los	-
		sow the deceased alive an_	April 20 19				nd hour and from the causes stated	
E		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death.	DEGRI			22c DATE SIGNED	_
		10 700	-w		ATTENDING .	MEDICAL STAFF	IN DATE SIGNED	
-		Dand K.	Meser	- mul	PHYSICIAN X	DIRECTOR PHYSICIAN	19-29-87	
1		224 PHYSICIAN'S NAME (TYPE OR	PRINT	122e	ADDRESS 5203	East Dr.		
1		Wavid R. Mo	sexian MI	14.	routus M	1 21227		
	23a. E	BURIAL, CREMATION, REMOVAL	235 236	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	COUNTY A STATE	_
	1	SURIAL	3/30/81 N	IEW CA	THEDRAL	BALTO	MD	
/84	24 FL	INERAL DIRECTOR		6311	250 DATE	REC D BY REGOT R 255 R	EGISTRARSSIGNATIOE	_
. 04	Fil	DWARD IN WEA	REREH EL	MANUSA	NAWA IVI	1 1 1001 80	man branch Management	

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# STATE OF MARYLAND

05	027	5 49	1;	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	OF MARYLAND ALTH AND MENT CATE OF DEAT		₹ REG. NO	D.		
+	moy be poge 3	100		CEASED NAME FIRS	delyn 1. RACE	MIDDLE Y	leith 5. DATE OF	BIRTH	6. AC	ATE OF DEATH	MONTH DAY	UNDER I YEAR	26. HOUR 9:53 A IF UNDER 24 HRS
	Page 4	100 M	7a. BI	Female RTHPLACE (STATE OR FOREIGN	Wh	THE WHAT COUNTRY?	MONTH 3	119/10	EAR O RA	77	YRS.	DATS DATS	MOURS MIN.
	ter deoth.	\$5	N	OUNTRY) IARYLAND	U.S.	.A.	WIDOWED	44	ED D	auto.	Count	4	M
102	by the	50	-	TOW SON	GF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	OSOITO	-1	(TYPI	USUAL OCCUPATA E OF WORK FOR MOST O OMEMAKET		126. KIND O INDUSTRY	F BUSINESS OR
RYLAND 213	hin 24 hour ly filled in should be f	muss be	USU. 13a. S	AL RESIDENCE (IF NURSING HO TATE 13b.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW Parkvil	N 11	36. INSIDE CITY LIV		TREET ADDRESS	ZIP CODE	h Rd.	2123
MARYL	mpletely	1200	14. FA	Ther's NAME FIRST Thomas	Edward	LAST	bood	5. MOTHER'S MAIL FIRST Ruth	DEN NAME	MIDDLE L.		LAS 7	Allen
IMOKE,	n and co	medicol		VAS DECEASED EVER IN U.S (165, NO OR UNKNOWN) (167)		31807 C	RITY NO. 1	7. INFORMANT Dorothy	L. Tab	ADDRE or 8362 (		h Rd.	21234
T., BALI	1	moval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA		Sepsi	d (c) )						MATÉ INTERVAL ONSET AND DEATH
SIONS	eoot Cree	on, or m		Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	NCE OF						
201 W. PRESTON SI	hat the de by the att	other trou		gove rise to immediate couse (a), stating the underlying cause los	e DUE TO, O	r as a conseque	NCE OF						1
	requires in signed. Then ble	or to buric y injury, or	NOI	PART 2 OTHER SIGNIFICA	ent conditions co	Coryest.	DEATH BUT N	OT RELATED TO THE	HE TERMINAL I	DISEASE OR CONI	DITION GIVEN	IN PART 110	, ,
AL RECC	The law ion. has been	ws on	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	0	a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	NG CAUSES	
OF VII	g physic ertificate	T &		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA	FOEATH HOUR A.		Y YEAR	21c. HOW INJURY	OCCURRED (	ENTER NATURE OF INJUR	TY IN ITEM 18 PART	I OR PART 2)	
DIVISION OF VITAL RECORDS,	offendin rer this	h ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CAT HOME ST	OF INJURY REET, FACTORY, OFFICE F		211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	TTENDIA pitol or TOR: Al	of Healt		220.1 certify that (1) (this saw the deceased alimabave, (1) (we) (did) (d	e on 4/	19_	41 27, and	7	87, topinion death	occurred and the do	te and hour o		that (I) (we) lost
	the hos	Nate Dept		22b. SIGNATURE	Paluer	E . O. D	DE	GREE ATTENI	DING ME	DICAL STAF		22c DATE	SIGNED
	HOSPITAL ned by t FUNERAL	the Sto		22d. PHYSICIAN'S NAME (	TYPE OR RINT)	2) 140 [		22e ADDRESS	c A	4. 6	7	3 1/2	-101

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 4/14/87

Burial

23c. NAME OF CEMETERY OR CREMATORY

STATE

24 FUNERAL DIRECTOR

ADDRESS 21229 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

APRIA BOT JALA MALLEN

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

I director, page 3 hours ofter death

FOR TSTATE REGISTRAR

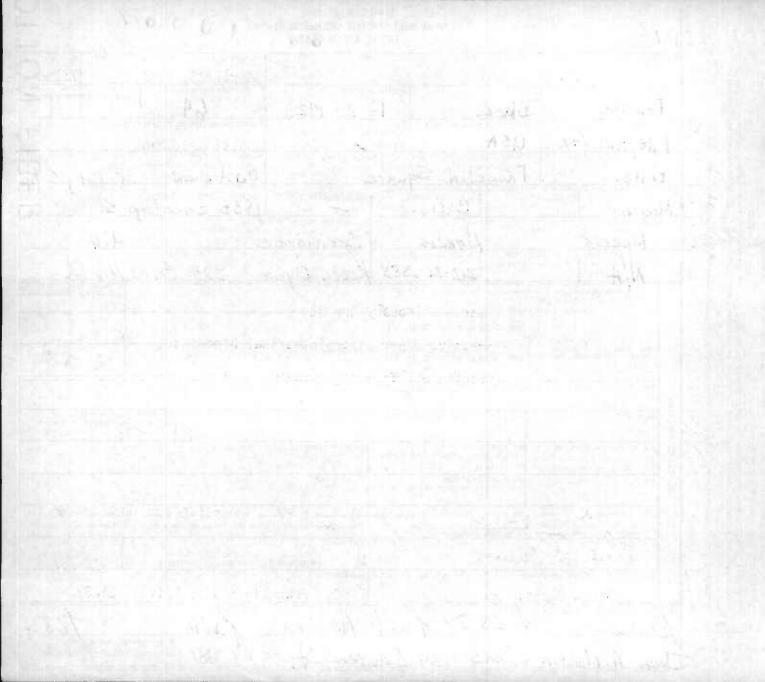
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF ATH

1/2	19	6
0	U	9
9		

REG. NO

		CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	( I Y PE	Gladys	KELLY			April 24,	1987	7:10A M
	3. SE)		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	-	AR IF UNDER 24 HRS
		Female	Rlank	MONTH	Z- 1923	1.4	MONTHS DAY	S HOURS MIN.
alo.	-		76 CITIZEN OF WHAT COL	INTRY? 8		9. BALTIMORE CITY O	PR COUNTY OF DEATH	
837	7	Star Land Md	11<4	MARRIEI	NEVER MARRIED			
O Trans	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWE	The state of the s	Baltimore		MD. OF BUSINESS OR
當	1	2 11 .	HE NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)		(TYPE OF WORK FOR MOST C		
2-1	ALC: U	AL RESIDENCE (IF NURSING HOME OR	CHER INSTITUTION CIVE PESIDENT	Jauare		Costalia	N DC	ity Sch.
200	13a. S	TATE No.COUN	TY 13, CITY C	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	ninne
E		ATTION OF THE STATE OF THE STAT	Dal	-10.	YES NO 15. MOTHER'S MAIDEN NAM		eatogg St	·XI of of
1	137	FIRST	AIDDLE	AST	FIRST (	WIDDIE	1. 1	LAST
No.		MORRIS	Harr	15	Dernadette	ADDR	#11	
in the		VAS DECEASED EVER IN U.S. AR/ YES, N	WAR OR DATES)	AL SECURITY NO.	17 MEDRMANT 2	ADDRE	6. 111.11	101
E	Sept.	NH	412-	26.2588	Baken Lynun	1 663	Jana Hill	ra.
t,		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	y one couse per line for (o), OBY:	(b), ond (c).)			BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
> >		IMMEDIAT	ECAUSE (0) Cardio	pulmonary	v Arrest -			
notic			DUE TO, OR AS A COM					
roun		Conditions, if ony, which gove rise to immediate	( (b) Massiv	e Upper	<del>Castrointesti</del>	nal Bleedin	q	
her t		couse (o), stating the	DUE TO, OR AS A COM					
or other tro		underlying couse lost.	( (c) Esopha	meal Var	ices			-11 11 11 11 11
ury,	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NO TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
ig	CERTIFICATION	190 DATE OF OPERATION	Tial contribution on	AUTHOR ODER TIO	NI WAS DEDECTOR	Lan AUTORSV2	Took IE WEE WEEE EINIE	
You	5	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	ES OF DEATH?
S. S.	E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121. HOW IN HIPV OCCUPE	YES NO X	YES	ИО 🗌
1 28		OR CONTRIBUTING CAUSE OF DEA	11011D 4 44 44 041	TH DAY YEAR	21c. HOW INJURY OCCURR	(ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	AV AGGATION			
To po	MED	216. (NJURY OCCURRED  WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	COUNTY	STATE
orked		AT WORK AT WORK						
. S.		220.1 certify that (this hospit	ol) ottended the deceosed April 24	1987 April	24, 19-87	April 2	4,, 19.8/	. that (we) lost
n 21		sow the deceosed olive on obove, (A (we) (did) (did) (did)	view the body ofter deoth	i.	d that in ( ) (our) opinion (	deoth occurred on the di		
if he		22b. SIGNATURE	1000000		DEGREE  (1) ATTENDING	MEDICAL STA		TE SIGNED
		South & (	sevier	P	PHYSICIAN L		IAN 4/	24/87
RTAI		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS			
MPORTANI		Sarah Owei	ns, MD			lin Square	Drive, 212	37
≤ 1	23a.	RIAL, CREMATION, REMOVAL	23 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23MEDC/TION	COUNTY	1.0
	1	Durial	14- 28-81	Dalto	Mational	Dioto.	COUNTY	TILL.
7/84	24. FL	JNERAL DIRECTOR		DDRESS /	25¢ DAT	E REC D'EY REGISTRAR	P REGISTRAR'S SIGN	ALORE
)	1/	25. A. Morton	+ Jon's P	70) Lai	grens AFT	4 4 / 1987	Town runtation	Market



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) KENMERLY SNOKTH 3. SEX RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOPIA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IST CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO. 1 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -01-288 the APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which rteriosclinetr gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

DHMH - 16 60M 7/B4 (VRA 15, 4)

ä

should be deta with the State I

MPORTANT:

23b. DATE

220.1 certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an abave (I) we (did) (and no) view the bady after death

226. SIGNATURE

23a BURIAL, CREMATION, REMOVAL

.19 6 and that in my (aur) apinian death accurred on the date and haur and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

PHYSICIAN P

22c DATE SIGNED

M

MD.

IF UNDER 24 HRS

STATE

STATE

LAST

10 0 - 1 - 1 - 1 P PERIS DEMONS STORY OF THE STORY OF THE STORY OF THE STORY 72 I Proper 12 - 18 Mill From Liverage 1 Port 1977 room then William Lane Lane The second second second second in the second secon

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
·R	CERTIFICATE OF DEATH

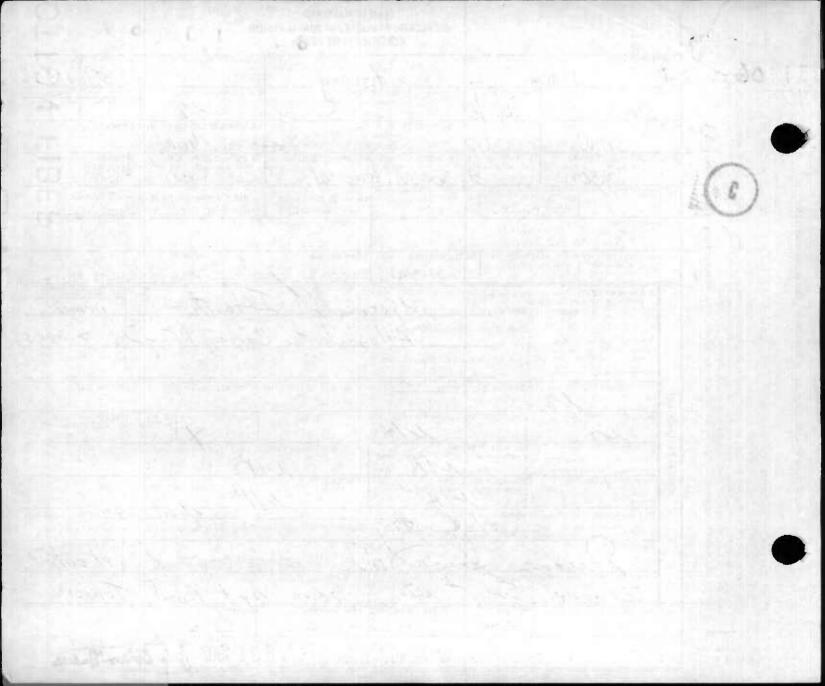
	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGICATE OF DEASH	ENE J O REG. N	0 6	7	
	CEASED NAME (E OR PRINT)	FHOMAS	RACE	L.	5. DATE O		20. DATE OF DEATH  6. AGE (IN YEARS LAST BILL  24		POST.  FUNDER 1 YEAR  DNIHS DAYS	26 HOUR 1150 IF UNDER 24 HR HOURS MI
1	IRTHPLACE (STATE OR COUNTRY)  ITY OR TOWN OF DE	).	. NAME OF H	WHAT COUNTRY?  HOSPITAL, NURSING HEACHITY, GIVE STREET A	WIDOWE G HOME	OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE)	126. KIND OF	
13a. S	AL RESIDENCE HE NUR STATE MD. ATHER'S NAME	SING HOME OR OTH 13b. COUNTY Balto		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Essex		The state of the s	SAlesman-RI 130 STREET ADDRESS 926 ARchbi	/ ZIP CODE	Harvest	er
	Thoma	s L. Ke	enney	LAST	NEW MG	Marie REb	MIDDLE	rec	LAST	
100. V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		215-32-5		Informant Thomas L. Keni				Rd21
		ng the "		R AS A CONSEQUE						
FICATION	PART 2. OTHER SIG	e lost.  NIFICANT COM	(c) NDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	ZOB. IF YES.	WERE FINDING	OF DEATH!
AL CERTIFICATION	PART 2. OTHER SIG	E lost.  NIFICANT CON  THON  DERLYING  EALDS GE DEATH	(c) NOTITIONS CO	ONTRIBUTING TO D	DPERATION		28e. AUTOPSY?	266. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH? NO []
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT COP	ODITIONS CO P. THE CONDI 116. TIME OF HOUR A.J. 116. PLACE C	TION FOR WHICH O	OPERATION Y YEAR 19	N WAS PERFORMED	28e. AUTOPSY?	IN F YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	OF DEATHY
	PART 2. OTHER SIG	DERLYPUS CALLES OF DEATH R. AL EXAMPLE IN THIS CALLES OF DEATH R. AL E	IC)	TION FOR WHICH OF THIS PORT OF THE PORT OF	PEATH BUT  OPERATION  Y YEAR  19	211. HOW INJURY OCCURR 211. LOCATION STREET  19 d that in (my) (our) opinion d DESTREE	28s. AUTOPSY? YES   NOW ED (EMP) HATURE OF HUD  A CITE OF TE	25% IF YES, IN CERTIFY YES	WERE FIND BNI ING CAUSES O	DE DEATHY NO []

DHMH - 16 60M 7/84 (VRA 15, 4)

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John C. Miller Inc.-6415 Belair Rd.-21206

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			DEP	ARTMENT OF CERTI	HEALTH AND I		IENE	REG. NO	). O		7	
	CEASED NAME E OR PRINT)	Stella		arie	-	(epner		20. DATE	OF DEATH	мо <b>г</b> 4	1	FAR 87	3 HOUR 12:30
2. SE	x	4 RAI				OF BIRTH		6. AGE (I	N YEARS LAST BIRT	HDAY		RIYEAR	IF UNDER 24 HRS
2	Female	Ca	ucasi	an .	M2N	TH 014	18 X 98		88	YRS.	WONTHS	DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 7b. CI	TIZEN OF W	HAT COUN	ITRY? 8.	_ D veves		9 BALTIN	ORE CITY OF		Y OF DE	ATH	123 12
	altimore 1	1d	USA		WIDOW	ED NEVER /	VORCED	Bal	timore	Cour	nty		MD.
17	ITY OR TOWN OF DE.		F NOT IN SUCH	FACILITY, GIVE	URSING HOME STREET ADDRESS) IS HOS	OR OTHER INS	TITUTION	TYPE OF W	OCCUPATION OF THE STATE OF THE		IFE) INE	USTRY	F BUSINESS OR Maker
13a S	ALRESIDENCE (# NUR STATE Maryland	NA A	INSTITUTION G	3t. CITY OP	Burnie	13d INSIDE C	NO 🕱	907	Lombar			le	21061
14 F/	ATHER'S NAME Albert	MIDDLE		ří	ledler		MAIDEN NAM	ME	WIDDLE			Dom	browski
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED F			SECURITY NO.	17. INFORMA	am Fied	ller	Same	as	13e		
	Canditians, if any gave rise to im cause (a), stati underlying causi	mediate ag the e last.	OUE TO, OR  (b) OR  OUE TO, OR	AS A CON	sequence of								
CERTIFICATION	98 DATE OF OPERA	TION I	9b. CONDIT	ION FOR W	VHICH OPERATION	ON WAS PERFO	RMED	20a AU	ITOPSY?	IN CERT			GS USED OF DEATH?
	218. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEATH	TIB. TIME OF HOUR A.M P.M	MONTH	H DAY YEAR	2	JURY OCCURR		1			PART 2)	
MEDICAL	21d INJURY OCCUR	HILE [	1e. PLACE O		OFFICE FARM ETC )	211 LOCATION STREET	N		CITY OR TON	WN	CC	YIAUG	STATE
	226. PHYSICIAN'S N	ed alive an did) (did not) view	lef	ofter death.		22e. ADDRES	ATTENDING PHYSICIAN [	MEDICA DIRECTO	AL STAF OR PHYSIC	FIAN		ram the	that (I) (we) last causes stated SIGNED /87
23a	BURIAL, CREMATION (SPECIFY) Buri		4/3/	87		CEMETERY OR Ridge (			CATION ITY OR TOWN 1timore	9	Bal	timo:	re Md

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been in should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prime. IMPORTANT: If Item 21 is marked or Item 18 shaws one

TENDING PHYSICIAN: The lo

TO HOSPITAL

etained by the hospital or ottending physician

24 FUNERAL DIRECTOR
George J. Gonce

4001 Ritchies Hgwy Balto Md

4/3/87

Druid Ridge Cemetery Baltimore

Baltimore

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR - 3 1987 Julia Sandon Sinder Pula

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DHMH - 16 60M 7/84

(VRA 15, 4)

DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYG IFFICATE OF DEATH	GIENE I REGINO 7	
WIDDIE	LAST	20. DATE OF DEATH MONTH DAY TEAR 26. HC	UR
<u>L</u> eora K	ERNICK	04 12 87 9;3	57 Am
	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDI	ER 24 HRS
te 7	2-13-1914 YEAR	72 YRS.	
SE WHAT COUNTRYS IS	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
A. WIDO		BALTIMORE COUNTY	MD.
OF HOSPITAL, NURSING HOMES	ARLES ST.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker  12b. KIND OF BUSIN INDUSTRY	VESS OR
134. CITY OR TOWN  Balto.	13d. INSIDE CITY LIMITS? YES A NO	130.STREET ADDRESS / ZIP CODE 1903 Ramblewood Rd. 21239	,
	15. MOTHER'S MAIDEN NA		
McCleary	Jennifer	Painter	
? 166 SOCIAL SECURITY NO	D. 17. INFORMANT	ADDRESS	
218-09-5197	Jack Seymou	r Kernick, Same as 13e	
per line far (a), (b), and (c), (	- CARDIO RESPIRA	ATORY ARREST 5 MINUTES	ERVAL ND DEATH
OR AS A CONSEQUENCE O	F	48 HR.	
OR AS A CONSEQUENCE O	F	72 HR.	
CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110	
ndition for which opera	TION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE/ YES NO	
OF INJURY A.M. MONTH DAY YE P.M.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)	
CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION	CITY OR TOWN COUNTY	STATE
the deceased from 3- 12 dy offer death.	-28, 19_87, and that in (my) (aur) apinion	death accurred on the date and haur and from the causes of	(we) lost

PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 19b. COI 21a. ACCIDENT WAS UNDERLYING 21b. T1MI HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NO TIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLAG (AT HOME NOT WHILE 220.1 certify that (1) (this haspital) attended saw the demand alive on. 22h SIGNATUR DEGREE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

LOBATO, M.D. 230. BURIAL, CREMATION, REMOVAL Burial 4-15-87

23c. NAME OF CEMETERY OR CREMATORY Parkwood

CHARLES ST 23d. LOCATION Balto.,

STATE

24. FUNERAL DIRECTOR

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

COUNTRY) Md. 10. CITY OR TOWN OF DEATH

Female

TOWSON

Clarence

Conditions, if ony, which

gave rise to immediate cause (a), stating the

underlying couse lost.

(YES, NO OR UNKNOWN)

Md. 4. FATHER'S NAME

TSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:

70 BIRTHPLACE (STATE OR FOREIGN

3 SEX

CERTIFICATION

18 shows

**EDYTHE** 

4. RACE

Whi

76 CITIZEN C

11. NAME C (IF NOT IN

GBMC-

MIDDLE

(IF YES, GIVE WAR OR DATES

IMMEDIATE CAUSE (0).

DUE TO

DUE TO

(b)

Leonard J. Ruck, Inc., 5305 Harford Rd.

Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Devidion

COUNTY

a la	A 10			
			4109	
er	ATOL	. !	68,210	Pennie
A SERVICE SOUTH		7	.A.B.0	
n na national na	+			
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Painter	Chattanate		settiati	Ci avouce
ornick, Samuna ije	deek shrunne k	7017-00-	810	
			V.	
				Introd

4/15

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be funeral director, page 3 within 72 hours ofter death.

17 FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT & HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 0	n	1	2
REG. NO.	60		-

		REGISTRAR				4	\$			REG. NO.			<b>6</b>		
		CEASED NAME	FIRST	^	AIDDLE	ı	AST		20. DATE OF	DEATH M	ONTH	DAY	YEAR	2b. HOU	R
	( I YPE	OR PRINT)	Marie		Mary	K1a	SS		April	2,19	87			8:0	OP M
	3. SEX			4. RACE		3. DATE C	F BIRTH		6. AGE (IN YEA			IF UNDER		IF UNDER	
n		emale		White		MONTH 8	30 DAY	03 YEAR	83			MONTHS	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR			WHAT COUNTRY?	0	)0	0)	9. BALTIMOR	E CITY OR	COLINI	V OF DE	ATH		
6		OUNTRY	FOREIGN	USA		MARRIE	NEVER	MARRIED -							
The state of		ryland				WIDOWE		IVORCED		imore					MD.
1	10. CI	TY OR TOWN OF DEA	HTA		HOSPITAL, NURSING		R OTHER IN	STITUTION	120 USUAL O			IFE) IND	KIND OI USTRY	BUSINE	SSOR
1	RO	SSVILLE	90 L 6		N SQUARE		FTAT.		Hous	ewife		H	omen	nakin	ng
		AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			L. CEDEET AL	DDDCCC /	710.000	· c		Jh.	
do	130 S	aryland	Balti	more	13c. CITY OR TOWN	V	YES T	NOXIX	13e.STREET AL 4208	Darl	eigh	Rd.	21	236	
		THER'S NAME			L		bund	S MAIDEN NAM			- 0				
n.	7	FIRST		MIDDLE	LAST			FIRST		MIDDLE			LAST		
1	3 4	Freder			Tontrup			Maggie		ADDRES	-		Ewa]	. t	
0/		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17 INFORM								
1					213-74-0	)263	Will	iam Klas	ss 4208	Darl	eigh	Rd.	21	.236	
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	(c).)	1175					Bi	APPROXI	MATE INTER	DE ATH
		PART I. DEATH W	AS CAUSE	D BY:											
			IMMEDIAI		Respirato	-	rest								
					R AS A CONSEQUE										
	1.9	Conditions, if ony gove rise to imi		(b)_(	Chronic ol	bstru	ctive-	pulmona	ry dise	ase-	-				
н		couse (o), statir	ng the	)	R AS A CONSEQUE										
		underlying couse	last.	(c)_					F13/3		74				
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	ORCONDI	TION G	IVEN IN P	ART Iro	-	
	NO N														
-	ATI	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOF			ES, WERE			
2	F	Section Dates							YES	NOTX		IFYING C	AUSES	OF DEAT	_
	CERTIFICATION	210. ACCIDENT WAS UN	DERLYING [	21b. TIME O	F IN JURY		71r HOW	NJURY OCCURR	- Council			bund	PAR1 21	1.0	
4		OR CONTRIBUTING	L.	110110 1		Y YEAR			(Eliteria)						
- [	OA	(IF EITHER NOTIFY MEDI				19									
m	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM FTC 1	211. LOCAT			CITY OR TOWN	7	cou	NTY	S	TATE
	2	WHILE NOT WE	HILE DRK				1000								
3.7	-3.	220.1 certify that	(this hospi	tol) ottended th	e deceased from	March	31	19 8	7 to Apr	il 2		. 19_8	7	hat (	we) lost
	100	sow the deceos obove, in (we) (	ed olive on	Anril 3	19		nd that in ()	() (our) opinion o			e ond ho	our and fr			
	723	22b. SIGNATURE	did) (die no	i) view the body	after death.		DEGREE					22	DATE	SIGNED	
	1.79	220. SIGNATURE	K	. )			DEGREE	ATTENDING	MEDICAL	STAFF		221	. UNIE.	J	_
211		13.	in Edu	2376		-11/-74		PHYSICIAN [	DIRECTOR				4/	2/8	7
1		22d. PHYSICIAL'S N.	AME. JAEC	R PRINT)			22e. ADDRI			- 2			/	/	
		Lj/sa	least	ey, MD			9000	Frank1	in Squa	re Dr	ive	2123	37		
	23o E	BURIAL, CREMATION	REACMAL	123h. DATE	23c N	IAME OF C	EMETERY OF	CREMATORY	123d LOCAT	ION					
	(	(SPECIFY)	rial	4-6-	0.5		wn Ce			RIOWN	1+im	COUNT	Mo	מר ל המ	TATE
	24 51	UNERAL DIRECTOR		1	-11			250. DAT	E DEC'D BY DE	CISTRAPIN	Ch DECH	ore,	IGNAT	YTAI	10
	1	NAME NAME			ADDRESS				00	1007	NE KEST	ia Da	erdeen	·Pan	lack
	11	assiahw F	uner	al Hon	ne BAI	10, h	15.01	236 F	14K-0	1301	0	1000			

DHMH - 16 50M 4/83 (VRA 15, 4)

Lassahw Funeral Home

pital or attending physician.

TO HOSPITAL OF

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medic TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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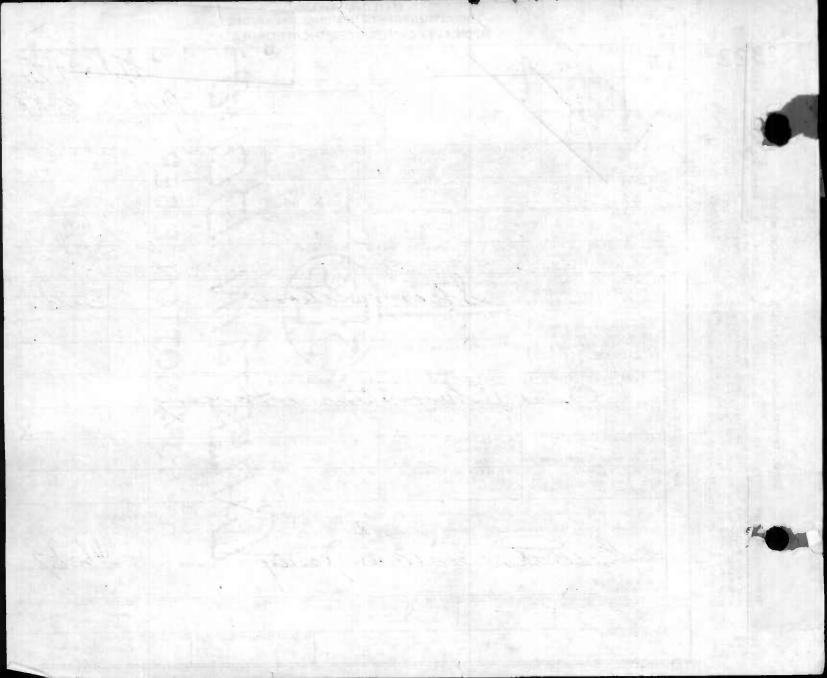
4/10

**DHMH-17** 

(VR A15 ME (5))

30M 7/73

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. DATE KNOWN 9 BALTIMORE LITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Home Bldg 134 STREET ADDRESS Greentop Rd Simms ADDRESS Cockeysville Peggy L. Kline, 10408 Greentop Rd-2D. AUTOPSY? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my apinion 501/York Rd, Towson, MD 21204 Baltimore STATE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 Second Street J.J. Hartenstein Mort. from Jandell New Freedom, PA17349



filled in by the funeral director, page 3 ould be filed within 72 hours ofter death

	,	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE .	A 7	4	1
R	-0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1	
	I. DE	CEASED NAME FIRST	WARD	IDDLE	k	NowLES	20. DATE OF DEATH	MONTH DAY	YEAR 87	26. HOUR 1:34 AM
	3. SE	* Male	1. RACE W	hite	S. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR	YRS IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	7a. B	IRTHRLACE (STATE OR FOREIGN	7b CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	R COUNTY OF	DEATH	MD.
8	12	attmore M		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Railroad	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
id Fi	M	faryland	DUNTY	Baltimor	N	YES X NO	3007 F1		Avenu	e 21214
C	_	ATHER'S NAME FIRST Beniamin	WIDDLE	Knowles		15. MOTHER'S MAIDEN NAM	WIDDLE		LAST	
	16a V	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS	Tipp	et
Ţ.,		YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	717-07-7	7793	Miss Evelyn	H. Knowles	same	as 13	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse per li USED BY: DIATE CAUSE (0)	ine for (a), (b), and	d (c).)	Postatio	Carc	Mima	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
		Conditions, if ony, which	DUE TO, OR	as a conseque	NCE OF	Pulmonar	y tules	Jus	sis	
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	as a conseque	NCE OF	Respiral	my bail	hure		
	NOI	PART 2. OTHER SIGNIFICAN	nt conditions <u>co</u> i	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART I 10	
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES (	GS USED OF DEATH?
P		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PART I	ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	10		nd that in (my) (our) opinion d	, to eath occurred on the de	, 19_ ote and hour on		hat (I) (we) lost ouses stated
		22b. SIGNATURE	1 he		2	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE S	15 IGNED 4-87
		22d PHYSICIAN'S NAME (TY		- Hen	naw	22e ADDRESS	JH	•		
	230. B	BURIAL, CREMATION, REMOV (SPECIFY) Urial	23b. DATE 04/07/1			emetery or crematory  d Memorial Pk	23d LOCATION CITYOR TOWN Baltime	re, Mar	vland	STATE

TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M

IMPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

al Pk. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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harri 140				
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